

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Miss Charlotte Catherine Albert-*  
Town *Fairview* County *Washington*

MARYLAND

Died at *Fairview*

Date

of death *1907*Month *April*Day *26*

Years

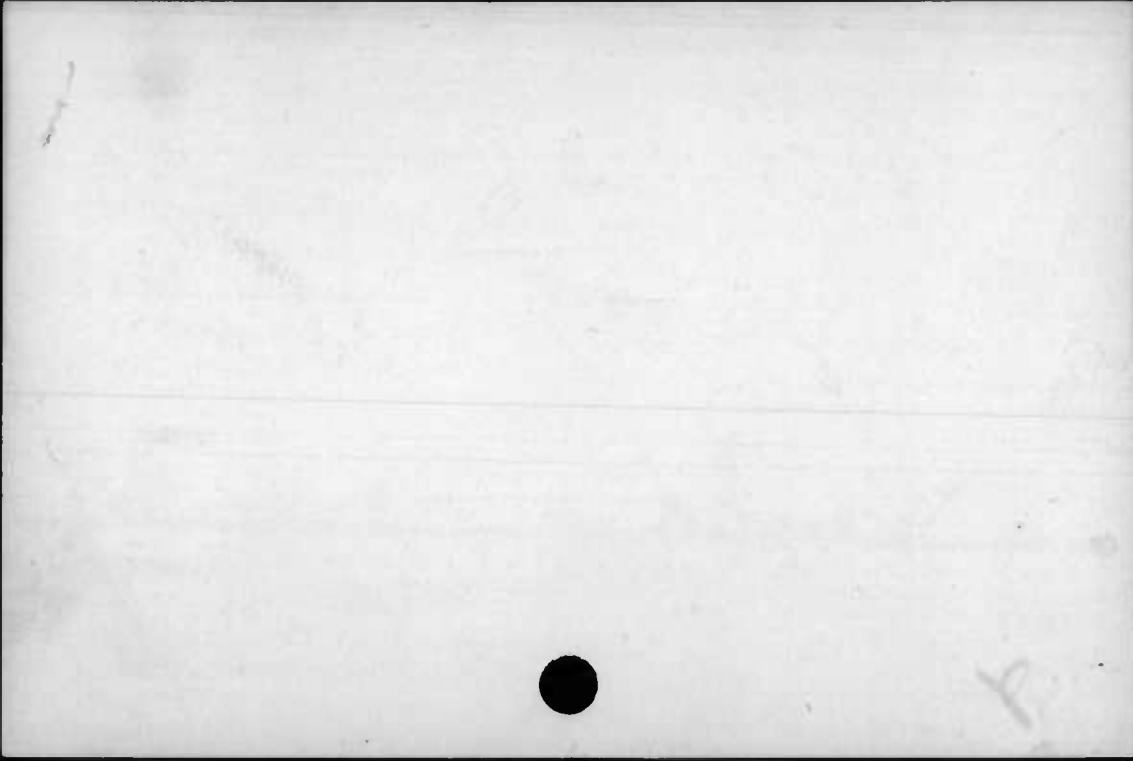
Age *71*Months *0*Days *9*Sex *Female*Color or  
Race *White*Birth-  
place *West*

Occupation

Where Residing if not  
at place of death *Fairview*Married, Single  
or Widowed *Single*Name of Wife or  
HusbandFather's  
Name *Thomas Albert-*Father's  
Birthplace *Scott-Potomac*Mother's  
Maiden Name *Hannah Cross*Mother's  
Birthplace *Scott-Potomac*Name of person giving  
In formation *Charles K. Krich*How related  
to deceased *nephew*

## CAUSES OF DEATH

Primary *Heart Disease*How long *Several months*Immediate *Drowning*How long *Couple weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician *W. P. Scott*Address *1445 Georgetown**X*  
Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Isabel Baker</b>		Town <b>Hagerstown</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Hagerstown</b>		Month <b>4</b>		Day <b>16</b>		Years <b>75</b>	
Date of death <b>1907</b>		Month <b>4</b>		Day <b>16</b>		Years <b>75</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>MD</b>			
Occupation <b>House work</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>William Baker</b>		Father's Birthplace <b>Pa</b>					
Mother's Maiden Name <b>Maria Rhodes</b>		Mother's Birthplace <b>MD</b>					
Name of person giving information <b>William H Baker</b>		How related to deceased <b>Brother</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Accutity</b>	How long <b>2 months</b>
Immediate <b>Exhaustion</b>	How long <b>1 week</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>M. B. Monson</b>
Accident or Suicide? <b>no</b>	Address <b>Hagerstown MD</b>

Letty Pearson  
Post Hill

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND
	Date of death <i>1907</i>	Month <i>4</i>	Day <i>13</i>	Years <i>82</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Wid</i>	
	Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Frederick Biser</i>			
	Father's Name <i>Jacob Harten</i>	Father's Birthplace <i>England</i>			
	Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>			
	Name of person giving information <i>E. C. Moser</i>		How related to deceased <i>Son in law</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Fracture of the neck of the Femur</i>		How long <i>Six days</i>		
	Immediate <i>Shock</i>		How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Pitmogle</i>		
	Accident or Suicide? <i>—</i>		Address <i>Hagerstown Md</i>		

Myersville.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	4	Day	9
Age	Years		Months		Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation <u>Child</u>		Where Residing if not at place of death <u>Ind</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John A. Poppe</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Alice Poppe</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Alice Poppe</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Antitoxin</u>	How long	<u>61</u>
Immediate	<u>meningitis</u>	How long	<u>Three days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. H. Dugan</u>
		Address	<u>Hagerstown, Md</u>
Accident or Suicide?	<u>No</u>		

Manor,



Name  
in  
Full

Susan. F Bower

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 19 <i>07</i>	<i>4</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>5-7</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>28</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Doumarville Ind</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death <i>Hagerstown Ind</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Daniel S Bower</i>				
Father's Name <i>George Taylor</i>	Father's Birthplace <i>D K</i>				
Mother's Maiden Name <i>D.K.</i>	Mother's Birthplace <i>D K</i>				
Name of person giving information <i>Oscar. Bower</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	<i>(66)</i>	How long <i>5 days</i>
Immediate <i>Paralysis</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pittsogle</i>	Address <i>Hagerstown Maryland</i>
Accident or Suicide?		

Frampton

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George Castle Brown

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> Maryland

Date of death 1907 <sup>Month</sup> 4 <sup>Day</sup> 16 <sup>Years</sup> 49 <sup>Months</sup> 5 <sup>Days</sup> 26

Sex Male Color or Race Colored Birth-place Ind

Occupation Laborer Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Married Name of Wife or Husband Carrie M. Brown

Father's Name Samuel Brown Father's Birthplace Ind

Mother's Maiden Name unknown Mother's Birthplace Ind

Name of person giving information Carrie Brown How related to deceased Wife

## CAUSES OF DEATH

(63)

PHYSICIAN  
OR CORONER

Primary Chronic Myelitis <sup>How long</sup> Over 4 years

Immediate Exhaustion <sup>How long</sup> 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. H. H. Hagan

Address Hagerstown, Ind

Accident or Suicide? No

Le. 17-10-1000  
Le. 10-10-1000

Dear Spring!

Name  
in  
Full

William Henry Leslie Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

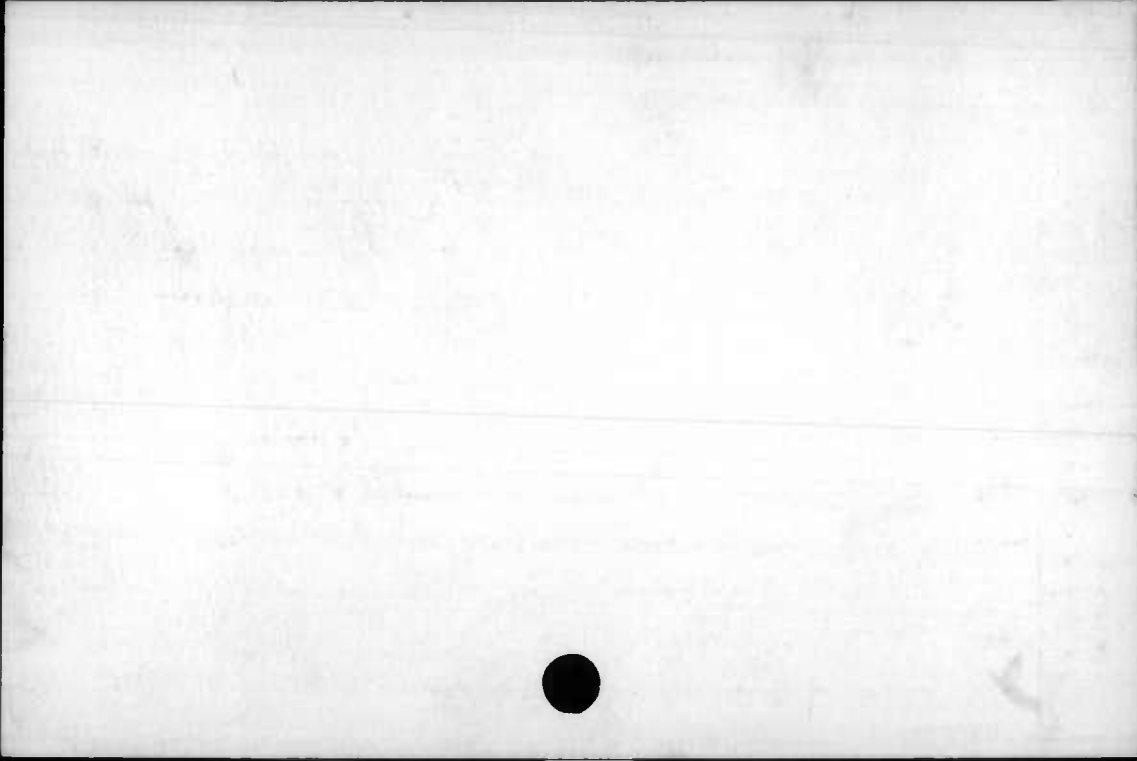
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		April	1	Age 35	5	3	
Sex	Male	Color or Race	Negro	Birth-place	Williamsport		
Occupation	Hotel Waiter			Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Married		Name of Wife or Husband	Mary (Bell) Brown			
Father's Name	David Brown			Father's Birthplace	Virginia		
Mother's Maiden Name	Lelia Grace			Mother's Birthplace	N. Carolina		
Name of person giving information	Benjamin Barnett			How related to deceased	✓		

## CAUSES OF DEATH

(63)

PHYSICIAN  
OR CORONER

Primary	Acute Myelitis	How long	3 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Wertz	
Address		Williamsport Md.	
Accident or Suicide?		X	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

not named - Premature, one of pair of twins  
Burger  
Dying

Town  
Died at Hagerstown County Washington MARYLAND

Date of death 1907 Month April Day 18 Age — Years — Months — Days one

Sex Female Color or Race White Birth-place Hagerstown Md

Occupation X Where Residing if not at place of death X

Married, Single or Widowed X Name of Wife or Husband X

Father's Name Stephen G. Burger Father's Birthplace Md

Mother's Maiden Name Lottie M. Potts Mother's Birthplace Md

Name of person giving information S. G. Burger How related to deceased Father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

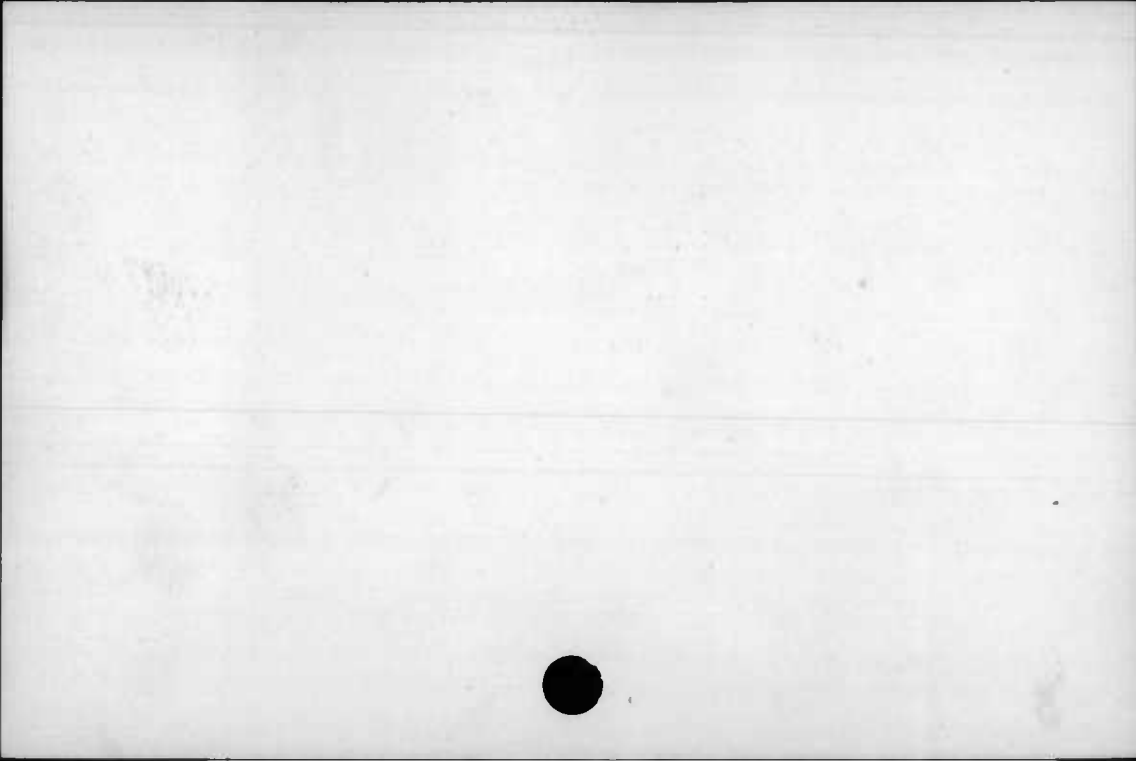
Primary Premature birth How long —

Immediate Exhaustion How long one day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. H. M. Ragan

Spined from death certificate of other twin Address Hagerstown Md

Accident or Suicide? —





Name  
in  
Full

Not named - Recreational <sup>Burger</sup> one of pair of shoes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Heagstown</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	190 <u>7</u> <u>Apr.</u> Month	<u>18</u> Day	Age	<u>Years</u>	<u>Months</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Heagstown Md.</u>
Occupation	<u>X</u>		Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed	<u>X</u>	Name of Wife or Husband <u>X</u>			
Father's Name	<u>Stephen G. Burger</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Battie M. Potts</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>S. G. Burger</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Recreational birth</u>	How long	<u>one day</u>
Immediate	<u>Exhaustion</u>	How long	<u>one day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>W. D. Pagan</u>	
		Address	
		<u>Heagstown Md.</u>	
Accident or Suicide? <u>X</u>			

Rose Hill  
Coffman

Name  
in  
Full

*unmanned*

*Burger*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	190 <i>7</i>	Month <i>4</i>	Day <i>6</i>	Age <i>Still Born</i> Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Hagerstown</i>		
Occupation			Where Residing if not at place of death		

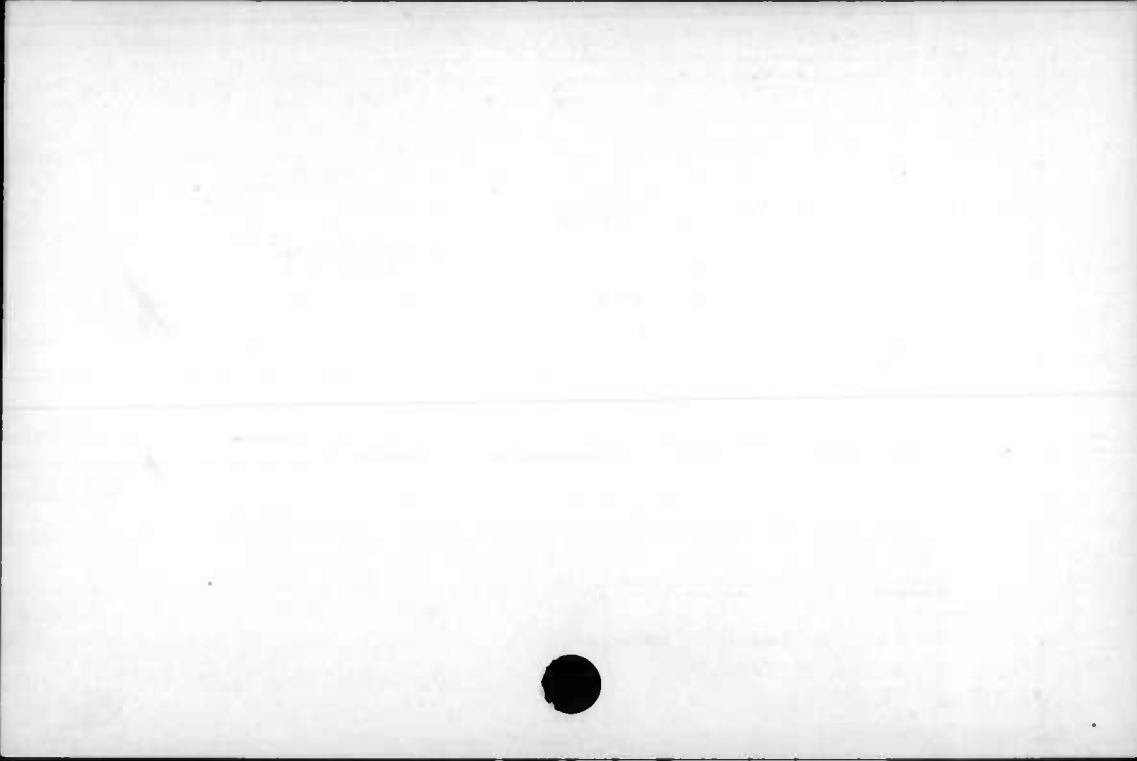
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	<i>Hagerstown</i>
Father's Name <i>William A Burger</i>	Mother's Maiden Name <i>Belle Burger</i>	Mother's Birthplace	<i>Hagerstown</i>
Name of person giving information <i>Clara S. Eirley</i>	How related to deceased	<i>Physician</i>	

CAUSES OF DEATH

*(8)*

PHYSICIAN  
OR CORONER

Primary <i>Suffocation</i>	How long <i>Half hour</i>
Immediate <i>Suffocation</i>	How long <i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Clara S. Eirley</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Anna Rosina Carter

## CERTIFICATE OF DEATH

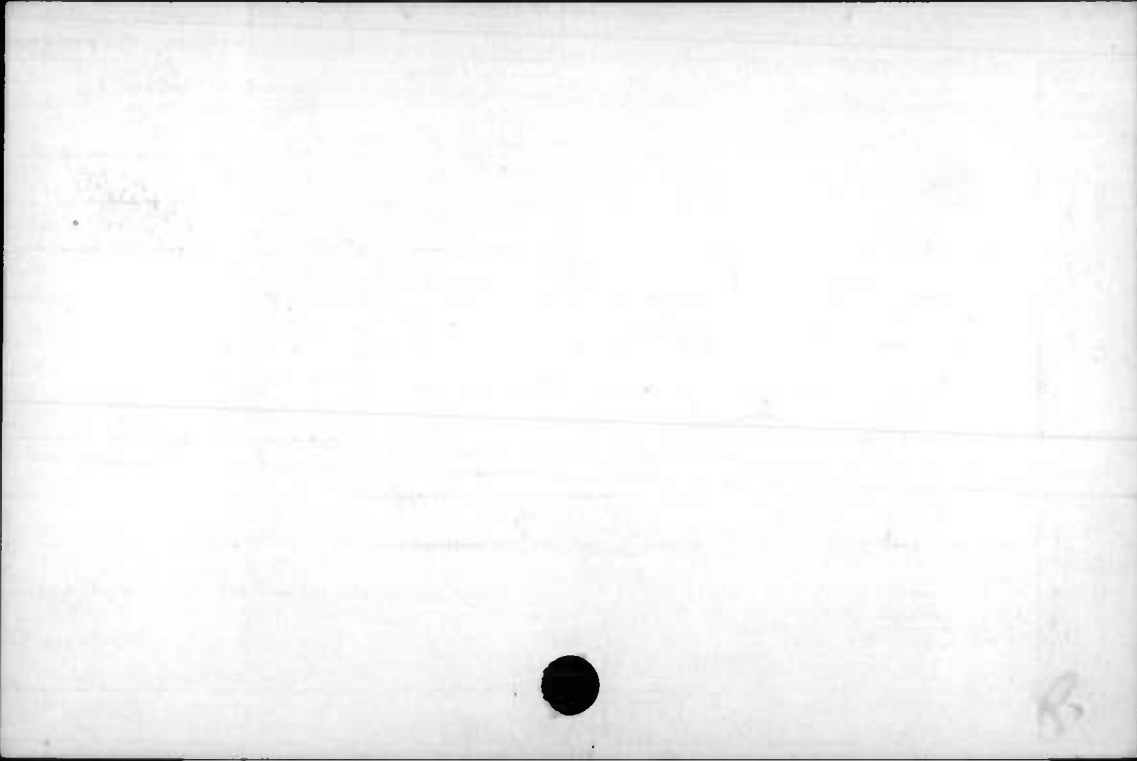
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		1907	Month 4	Day 6	Age 63	Years 7	Months 9
Sex Female		Color or Race white		Birth- place Md			
Occupation House Wife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Francis R. Carter					
Father's Name John Snyder		Father's Birthplace Md					
Mother's Maiden Name Fannie Smith		Mother's Birthplace Md					
Name of person giving In formation Mary Carter		How related to deceased Daughter					

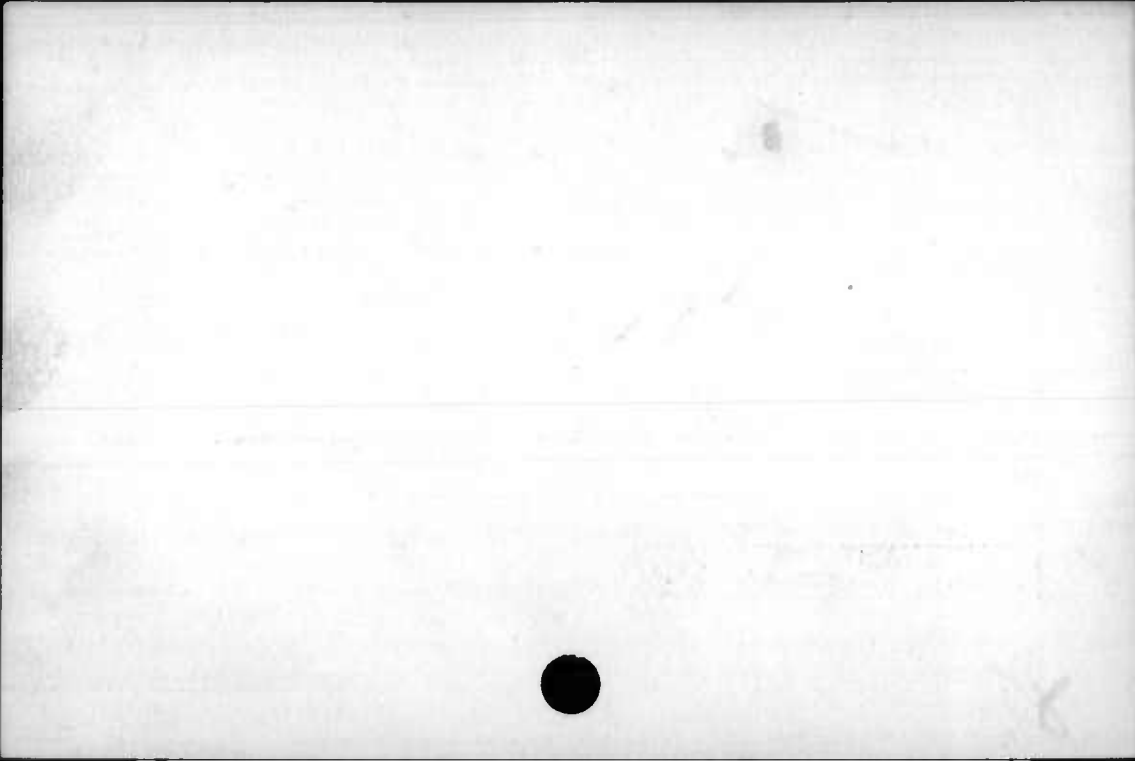
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gall Stones	(113)	How long	24 hrs
Immediate	Heart failure		How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. E. Pitenogle	
			Address Hagerstown Md	
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>1 Hagerstown</i>		County <i>Harrison</i>			
		State <i>MARYLAND</i>					
		Date of death <i>1907</i>	Month <i>April</i>	Day <i>4</i>	Age <i>Unknown</i>	Years <i>Unknown</i>	Months <i>Unknown</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Unknown</i>			
		Occupation <i>Labrer</i>	Where Residing if not at place of death <i>Unknown</i>				
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Coxen</i>				
		Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
		Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
		Name of person giving information <i>Widow Coxen</i>	How related to deceased <i>wife</i>				
		CAUSES OF DEATH				179	
PHYSICIAN OR CORONER		Primary <i>Unknown</i>	How long <i>Unknown</i>				
		Immediate <i>Heart Failure</i>	How long <i>Sudden</i>				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. S. Sherman</i>			
				Address <i>Hagerstown Md.</i>			
		Accident or Suicide?					





Name  
in  
Full

Samuel Howell Crumpton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i>		Town		County		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Antietam Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>H. F. Crumpton</i>			Father's Birthplace <i>Wash Co Mo</i>				
Mother's Maiden Name <i>Gran Viola Bryan</i>			Mother's Birthplace <i>Wash Co Mo</i>				
Name of person giving information <i>H. F. Crumpton</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>a few hours</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. Howell Crumpton</i>
<i>J</i>	Address <i>Sharpsburg Md</i>
Accident or Suicide?	

Undertaken  
Jacob H. Tracy

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John L. Davis*

Town *Mount Zion* County *Washington* MARYLAND

Died at *Mount Zion*

Date of death *1907* Month *4* Day *21* Age *85* Years Months *4* Days *29*

Sex *Male* Color or Race *white* Birth-place *Frederick Co.*

Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Susan Davis*

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Susan Burman* Mother's Birthplace *Washington Co.*

Name of person giving information *Cyrus Davis* How related to deceased *Son*

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *General Debility* How long *6 Months*

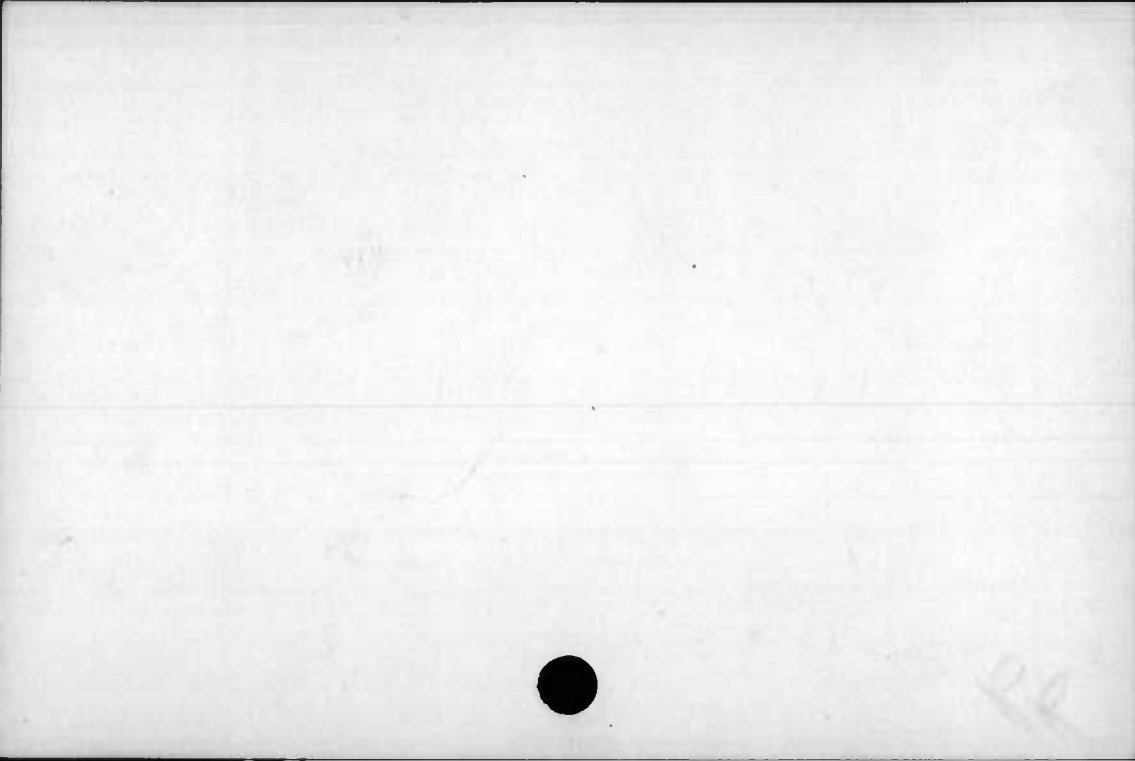
Immediate *Heart Failure* How long *Instant*

Are the name, age, sex, color, date and place correctly given above? *Yes*

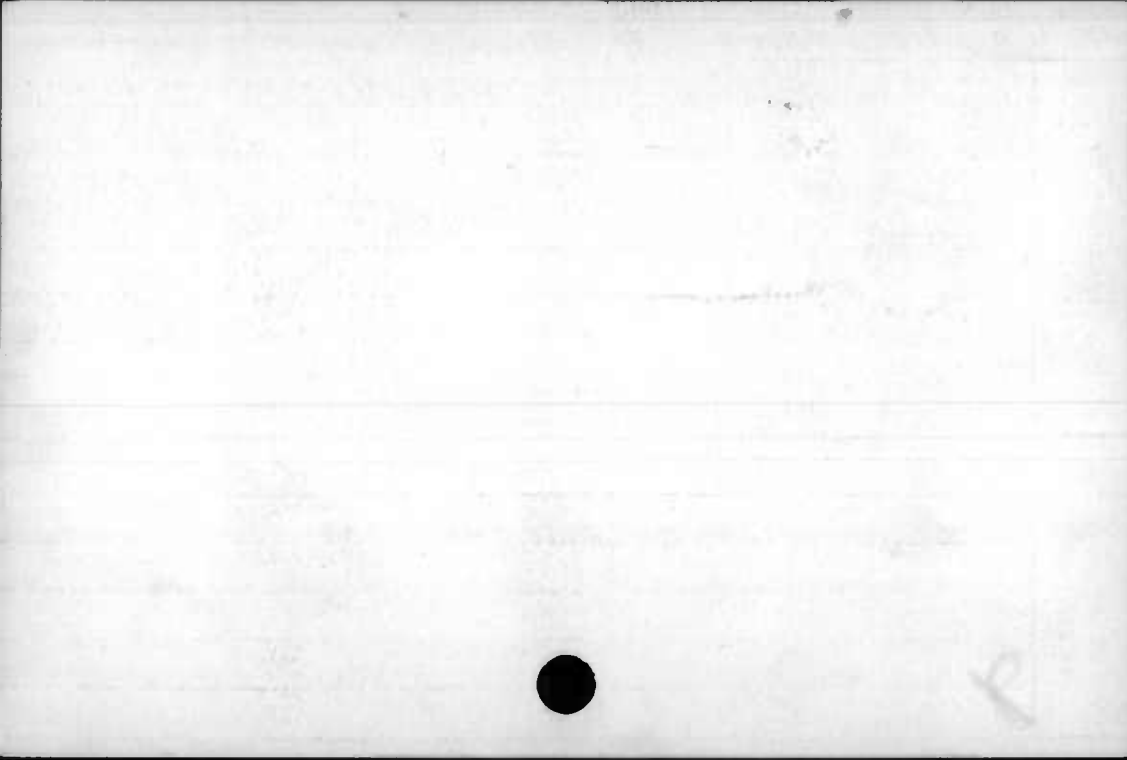
Signature of Physician *Dr. M. A. Kefauver*

Address *Smithsburg Maryland*

Accident or Suicide? *No*



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Joshua M. Davis		Town		County
	Died at Hagers town		Wash.		MD
	Date of death	1907	Month	4	Day
	Age	56	Years	11	Months
	Sex	male	Color or Race	white	Birth-place
	Occupation	Car Inspector	Where Residing if not at place of death		
	Married, Single or Widowed	married	Name of Wife or Husband		
	Father's Name	Joshua Davis	Father's Birthplace		
PHYSICIAN OR CORONER	Mother's Maiden Name	Margaret A. Graham	Mother's Birthplace		
	Name of person giving information	Mary Davis	How related to deceased		
	CAUSES OF DEATH				
	Primary	RR. Accident	(166)		
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician			
Accident	Slide	Address			
		Hagerstown.			



Name  
in  
Full

Susan Edwards

## CERTIFICATE OF DEATH

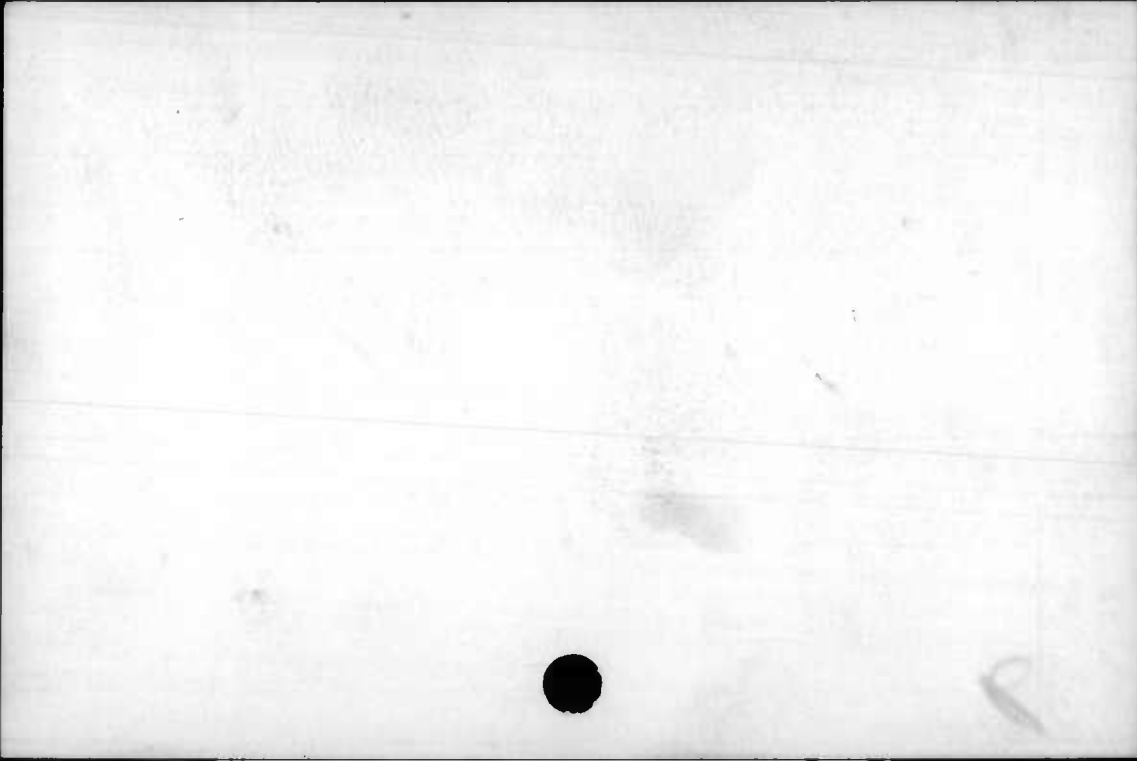
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1907	Month Apr.	Day 2	Age 95	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Fountain Rock
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Horace Anderson			
Father's Name	Jerry Chase					Father's Birthplace	Maryland
Mother's Maiden Name	Agnes Dawson					Mother's Birthplace	"
Name of person giving In formation	Mary F. Green					How related to deceased	Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Debility	How long	Three years
Immediate	Overstrain	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician	W. S. Richardson
Accident or Suicide? <i>no</i>		Address	Williamsport, Md.





Name  
in  
Full

Unnamed child of Clarence &amp; Mary Eichelberger

## CERTIFICATE OF DEATH

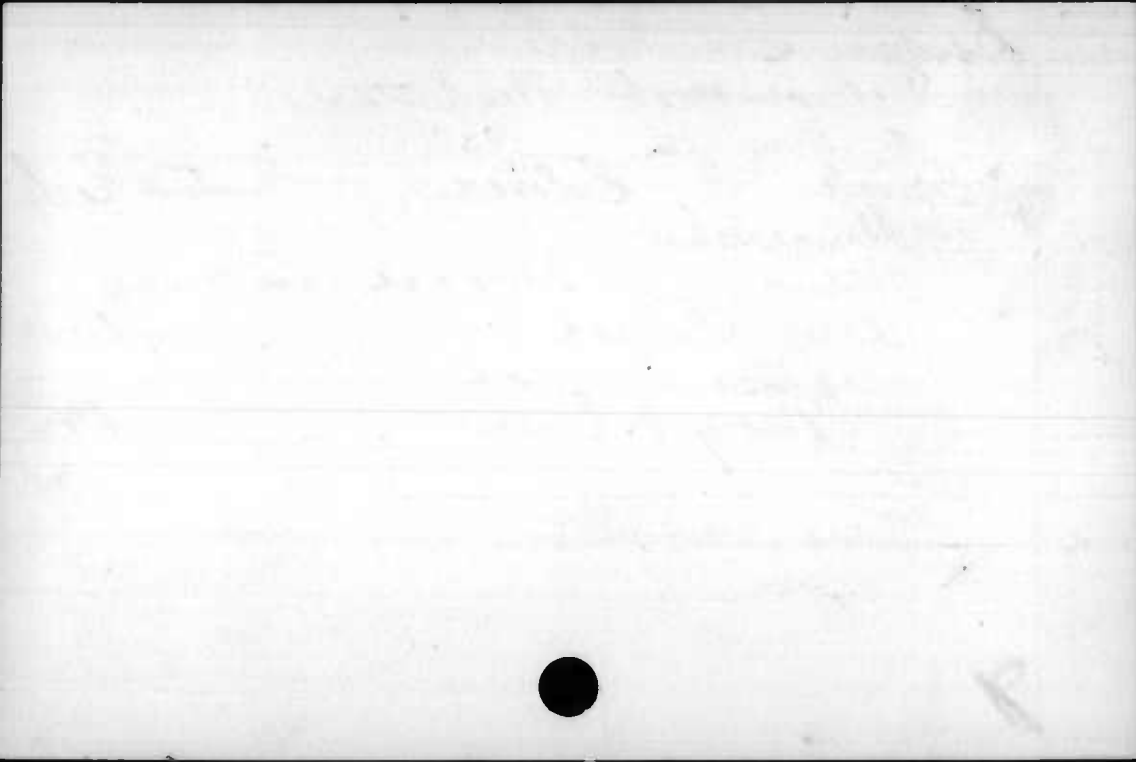
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1907	Month	4	Day	14
Age	Years		Months		Days
Sex	<i>female</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Ind</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>Clarence Eichelberger</i>			Father's Birthplace	<i>W.D.</i>
Mother's Maiden Name	<i>Mary Ebert</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Clarence Eichelberger</i>			How related to deceased	<i>father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>—</i>
Immediate	<i>Inanition</i>	How long	<i>18 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J.R. Laughlin</i>
Address	<i>146 St. Franklin</i>		<i>Hagerstown, Ind.</i>
Accident or Suicide?	<i>8</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

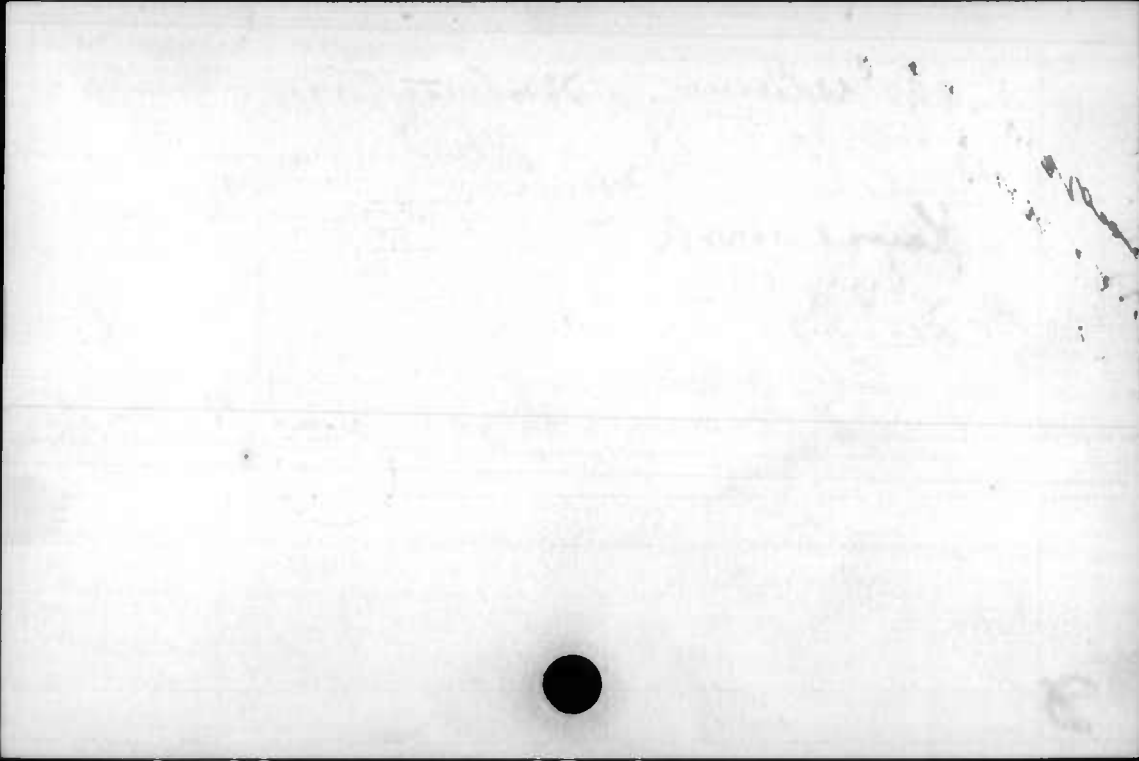
Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MAYLAND	
Date of death	1904	Month	4	Day	21	Age	25
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband		Robert H. Hauke			
Father's Name	Joseph	Leane		Father's Birthplace	Md		
Mother's Maiden Name	Nannie	Loxley		Mother's Birthplace	Md		
Name of person giving information	Robert H. Hauke			How related to deceased	Husband		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	12 mos
Immediate	Exhaustion	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Wagoner	
Address		Hagerstown, Md	
Accident or Suicide?		No	



Name  
in  
Full

Lavinia Grace Freshour

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>4</i> <small>Month</small>	<i>18</i> <small>Day</small>	<i>22</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Occupation <i>House work</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Nelson Freshour</i>	Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>		
Mother's Maiden Name <i>Elizabeth Young</i>	How related to deceased <i>Brother-in-law</i>		Name of person giving information <i>William Gore</i>		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Buell</i>
Address <i>—</i>	
Accident or Suicide? <i>no</i>	

Copy from

Thurman L. Rice

Name  
in  
Full

Geo Elias Fridinger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

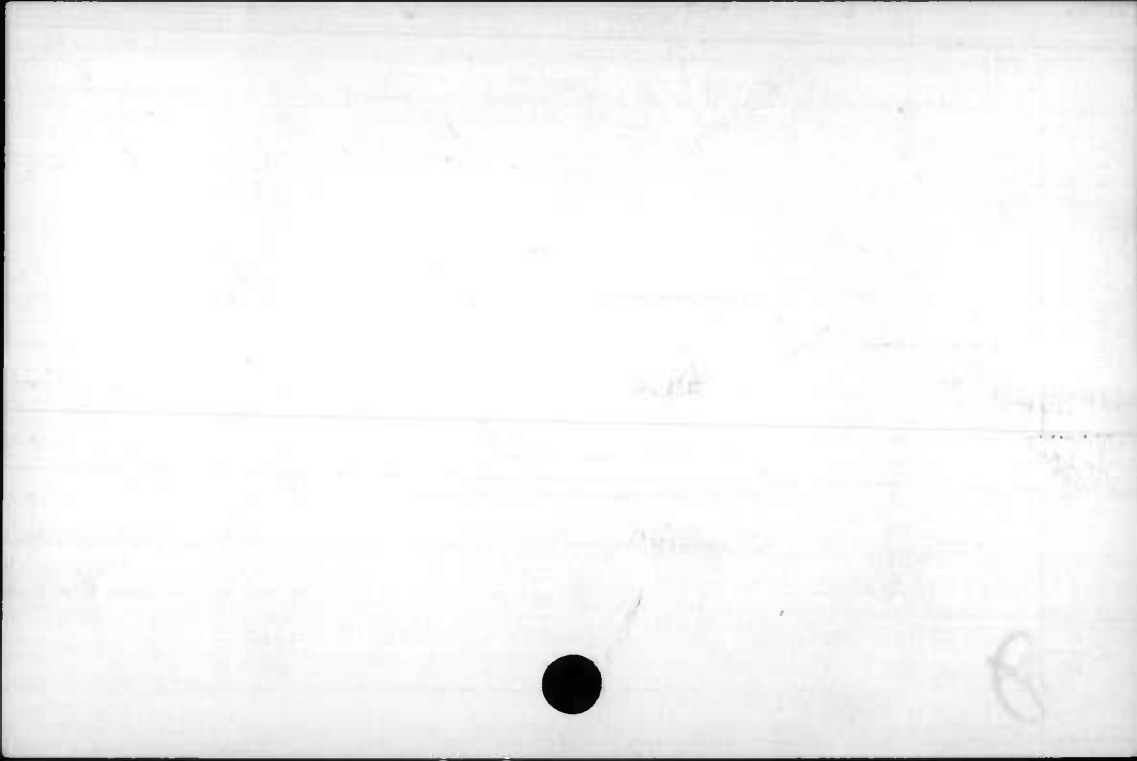
Died at		Hagerstown		Washington		County		MARYLAND	
Date of death		190	4	27	Age	51	2	Months	9
Sex		Male		Color or Race		White		Birth-place	
Occupation		Merchant		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Charles E. Fridinger				Father's Birthplace		Germany	
Mother's Maiden Name		Katherine Schuler				Mother's Birthplace		Germany	
Name of person giving information		Rose Dambarger				How related to deceased		Sister	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Carcinoma Gastric	How long	3 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. H. Inmet MD	
Address		Hagerstown Md	
Accident or Suicide?			





Name

in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Mrs. Hattie Garlock

Died at <sup>Town</sup> Hagerstown<sup>County</sup> Washington

MARYLAND

Date  
of death 1907Month  
4Day  
4

Age 52

Months  
3Days  
3

Sex Female

Color or  
Race whiteBirth-  
place Md.Occupation  
House wifeWhere Residing if not  
at place of deathMarried, Single  
or Widowed MarriedName of Wife or  
Husband Nicholas GarlockFather's  
Name George ~~Clark~~ FaulknerFather's  
Birthplace Md.Mother's  
Maiden Name — ClarkMother's  
Birthplace Md.Name of person giving  
In formation Mrs. Laura GarlockHow related  
to deceased Sister in law.

## CAUSES OF DEATH

104

Primary Acute Indigestion

How long 48 hrs.

Immediate Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

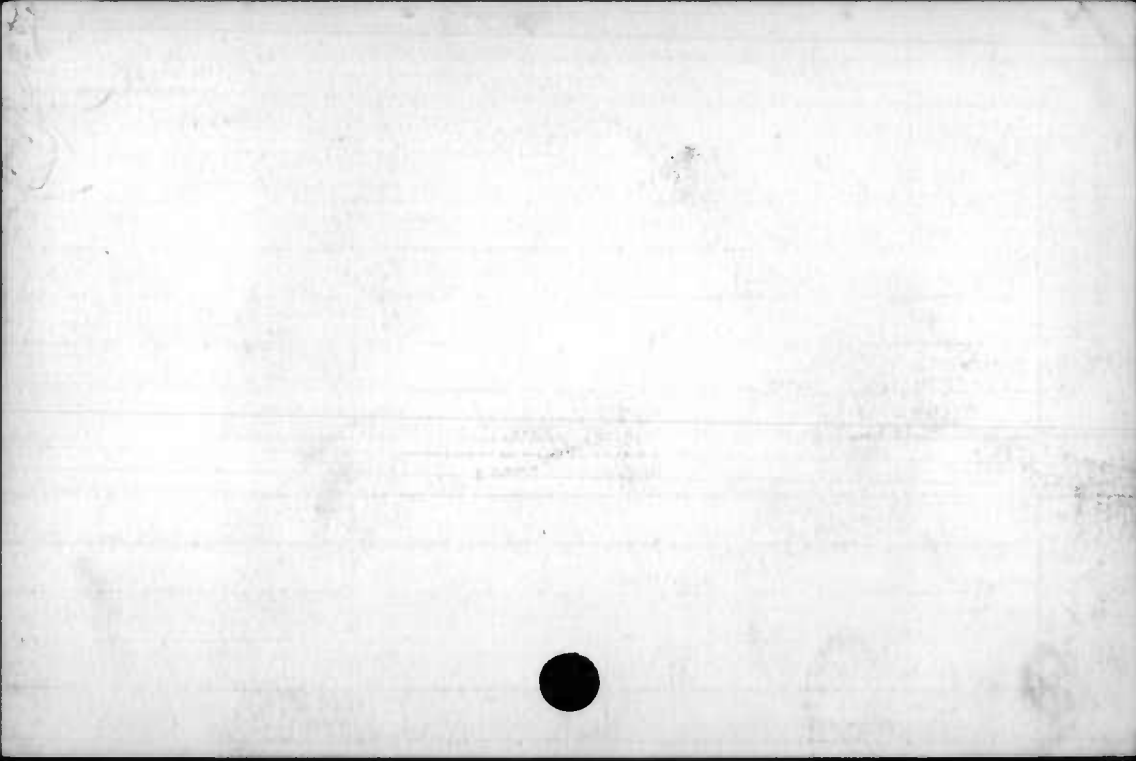
Signature of  
Physician

Address

Accident or Suicide?

No

Schell  
Hagerstown



Name  
in  
Full

Alice Grove Alice Grove

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> 4 <sup>Day</sup> 20 <sup>Years</sup> Age 30 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race white Birth-place md

Occupation House work Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband William S Grove

Father's Name Daniel Freshour Father's Birthplace md

Mother's Maiden Name Not known Mother's Birthplace md

Name of person giving information William Grove How related to deceased Husband

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis How long 1 yr

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Miller

Address Hagerstown md

Accident or Suicide? No

67 June  
St Pauls

Name  
in  
Full

*Henry Hartle*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

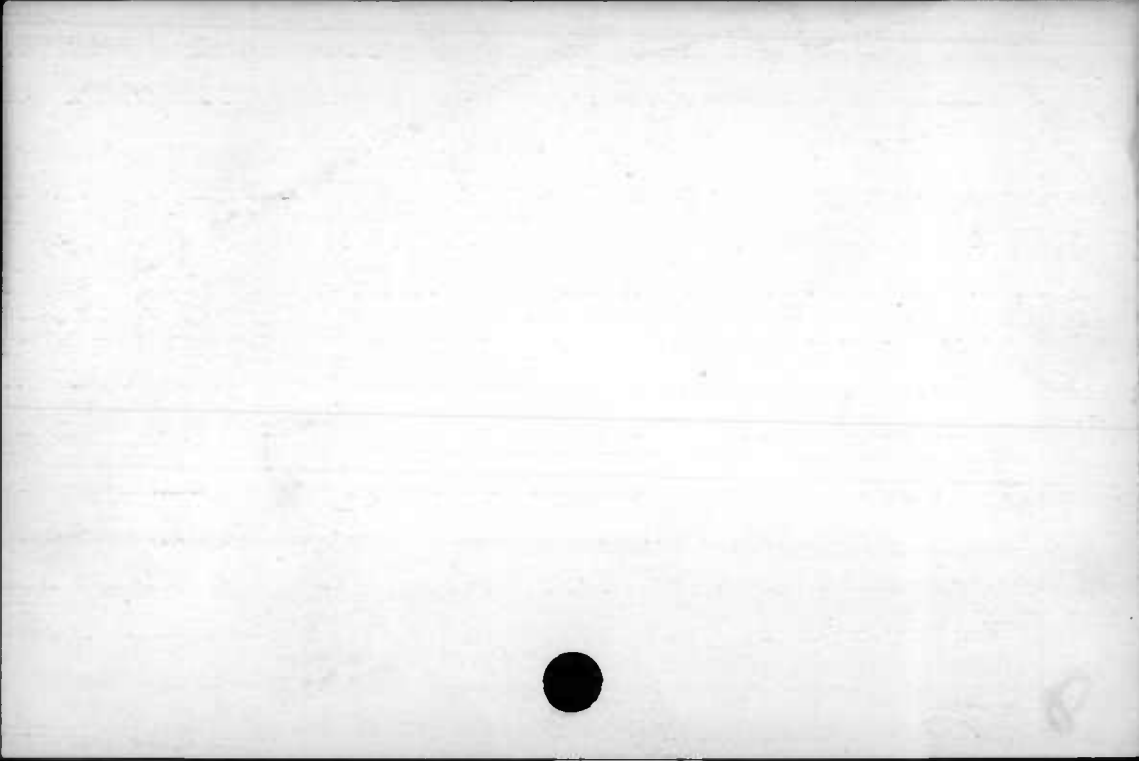
Died at		<i>Leitersburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Apr.</i>	Day	<i>31st</i>	Years	<i>80</i>
Sex		<i>Male</i>		Color or Race		<i>White</i>	
Occupation		<i>Farmer</i>		Birth-place		<i>Leitersburg Md.</i>	
Married, Single or Widowed		<i>Widowed</i>		Name of Wife or Husband		<i>Annie Dringer</i>	
Father's Name		<i>John Hartle</i>		Father's Birthplace		<i>Leitersburg Md.</i>	
Mother's Maiden Name		<i>Mariah Leeson</i>		Mother's Birthplace		<i>Leitersburg Md.</i>	
Name of person giving information		<i>Lillie Altoona Hartle</i>		How related to deceased		<i>Daughter</i>	

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of old age</i>	How long	<i>two years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. H. Wishard</i>	
		Address	
		<i>Leitersburg Md.</i>	
Accident or Suicide?			



Name  
in  
Full

*Margarett Heneberger*

CERTIFICATE OF DEATH

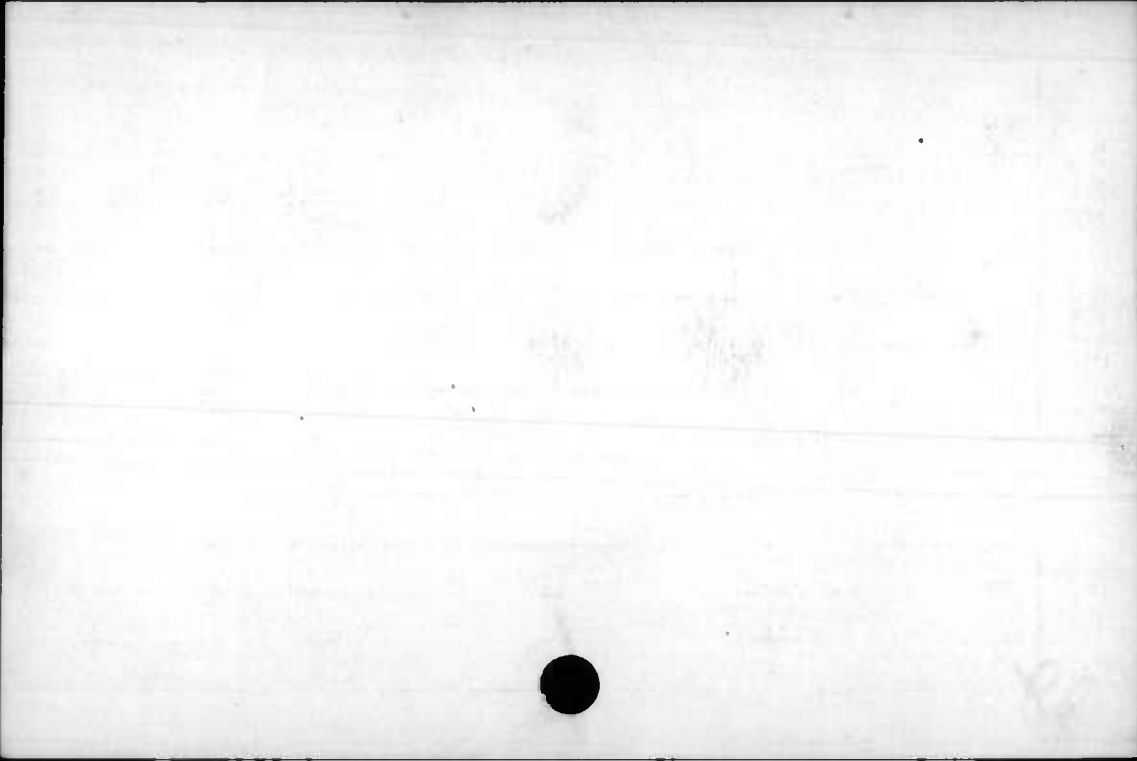
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Martinsburg</i> County		MARYLAND	
Date of death	<i>1904</i> Month	<i>4</i> Day	Age	<i>81</i> Years	Months Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Unknown</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John Heneberger</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Catherine Heneberger</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Alfred Heneberger</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Natural Causes</i>	How long	<i>179</i> <i>2 yrs.</i>
Immediate		How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Daniel A. Watkins</i>
		Address	<i>Hagerstown Ind</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Wm. Stewart Herbert

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>5</u>	Years <u>59</u>	Months <u>    </u>	Days <u>    </u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>		
Occupation <u>clerk</u>			Where Residing if not at place of death <u>    </u>		
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Sallie Smith Herbert</u>			
Father's Name <u>H. Dorsey</u>		Father's Birthplace <u>Hagerstown Md</u>			
Mother's Maiden Name <u>Mrs. A. Wise</u>		Mother's Birthplace <u>Hagerstown Md</u>			
Name of person giving information <u>    </u>		How related to deceased <u>    </u>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<u>Atrophic Gastritis</u>	How long	<u>6 months</u>
Immediate	<u>Exhaustion from Anorexia</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A.P. Stauffer M.D.</u>	
<u>    </u>		Address <u>Hagerstown Md.</u>	
Accident or Suicide? <u>No</u>		<u>    </u>	

L. M. Watkins

Name  
in  
Full

*William Jones*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

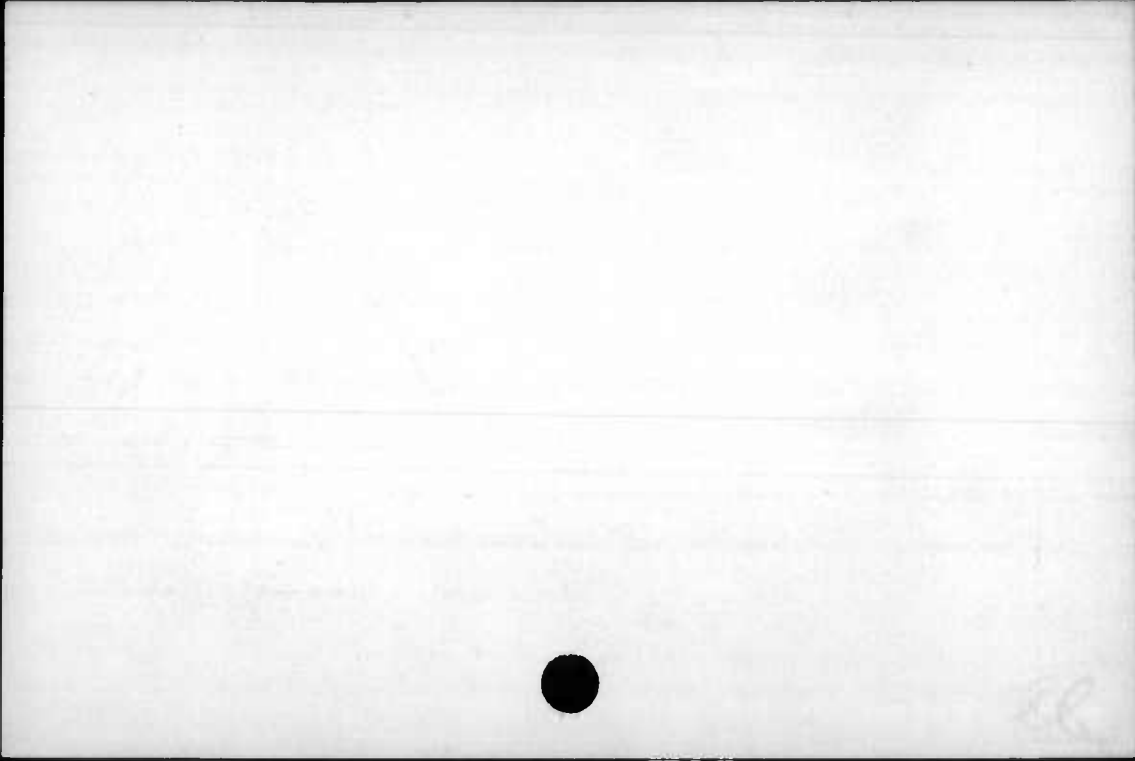
Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>12</i>	Age <i>Unobtainable</i>	Years	Months Days
Sex <i>M</i>	Color or Race <i>Colored</i>		Birth-place <i>Unobtainable</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <i>Martha Jones</i>			
Father's Name <i>Jerry Jones</i>		Father's Birthplace <i>Unobtainable</i>			
Mother's Maiden Name <i>Amelia Walker</i>		Mother's Birthplace <i>Unobtainable</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

**(108)**

PHYSICIAN  
OR CORONER

Primary	<i>Obstruction of bowels</i>	How long	<i>14 days</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Scott</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

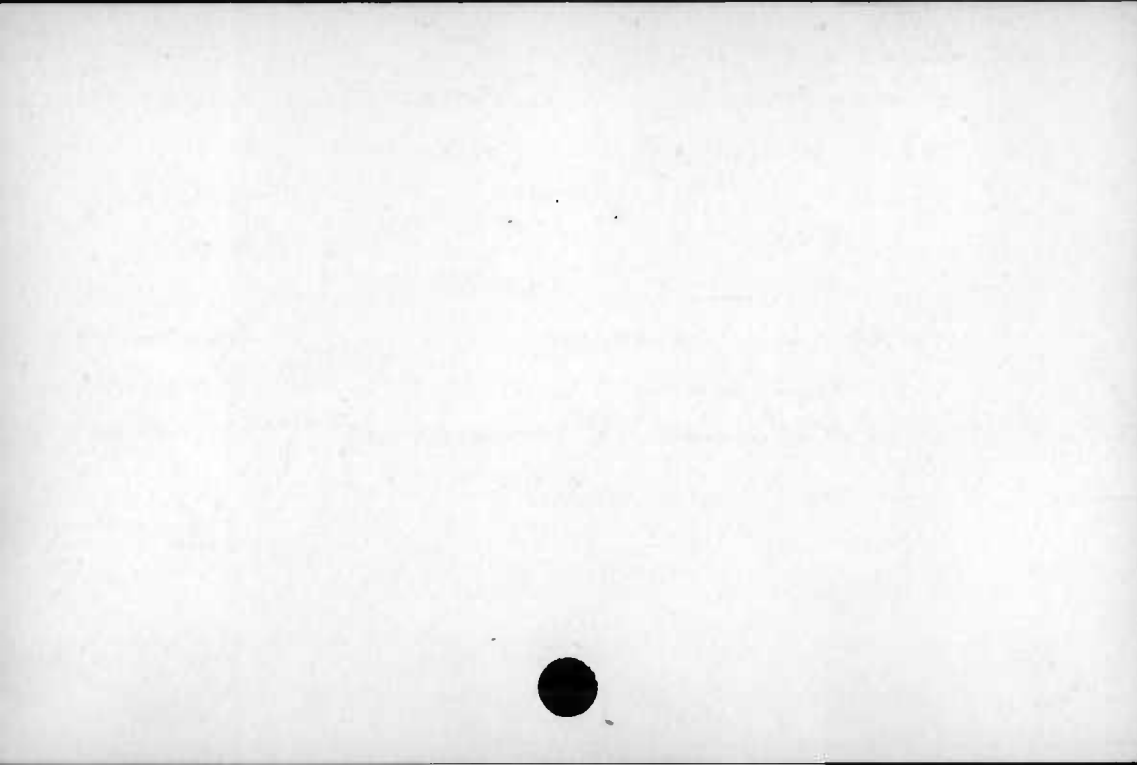
Died at		Town Reedysville		County Washington		MARYLAND	
Date of death		1907	Month 4	Day 22	Age 77	Years 7	Months -
Sex		Male		Color or Race		White	
Occupation		Laborer		Birth- place		Virginia	
Where Residing if not at place of death		Keedysville					
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband					
Father's Name		Peter Knadler		Father's Birthplace		Virginia	
Mother's Maiden Name		Sophia Knutze		Mother's Birthplace		Maryland	
Name of person giving In formation		E B Knadler		How related to deceased		Son	

## CAUSES OF DEATH

77

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	5 years
Immediate	Bronchial Asthma	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. M. Aikens	
Address		Keedysville Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1907	Month	4	Day	22	Age	69
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Id</i>	Months	8
Occupation	<i>Housewife</i>	Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>John Th. Ewgle</i>				
Father's Name	<i>Daniel Shepper</i>	Father's Birthplace	<i>Id</i>				
Mother's Maiden Name	<i>Mary Kourtzen</i>	Mother's Birthplace	<i>Id</i>				
Name of person giving information	<i>J. Th. Ewgle</i>	How related to deceased	<i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>6 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. H. Warham</i>
		Address	<i>1029 Wisconsin</i>
			<i>med</i>
Accident or Suicide?			

Middleton 4110



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u> <small>Town</small>		County <u>Wash.</u>	
		Date of death <u>1907</u> <small>Month</small> <u>4</u> <small>Day</small> <u>22</u>		Age <u>still Born</u> <small>Years</small> <u>0</u> <small>Months</small> <u>0</u> <small>Days</small> <u>0</u>	
		Sex <u>female</u>		Color or Race <u>white</u>	
		Occupation <u>—</u>		Birth-place <u>md.</u>	
		Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>	
		Father's Name <u>Frederick B. Kramer</u>		Father's Birthplace <u>Va.</u>	
		Mother's Maiden Name <u>Lillian Dorr.</u>		Mother's Birthplace <u>md.</u>	
Name of person giving information <u>F. H. Kramer</u>		How related to deceased <u>Father.</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Still Born</u>		How long <u>—</u>	
		Immediate <u>—</u>		How long <u>—</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. H. Dorr.</u>	
		Accident or Suicide? <u>—</u>		Address <u>Hagerstown</u>	
				<u>md.</u>	

Shepherdstown, W. Va

Name  
in  
full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

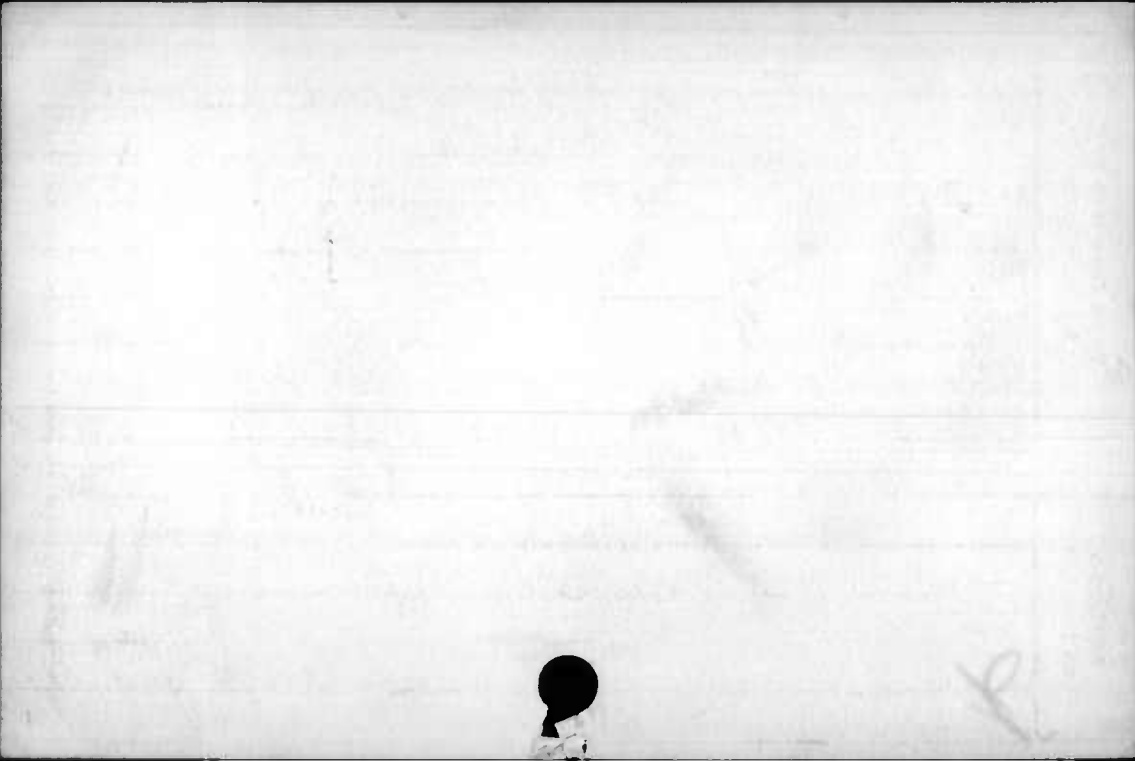
Died at		Town Hancock		County Washington		MARYLAND	
Date of death		190	Month 4	Day 19	Age 53	Years 10	Months 13
Sex Male		Color or Race White		Birth- place Thurmont Md			
Occupation Restaurant		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Martha Bell Brosius					
Father's Name Geo Bruhn		Father's Birthplace Cranville Indiana					
Mother's Maiden Name Mary Amanda Gooch		Mother's Birthplace Thurmont Fred co. Ind					
Name of person giving In formation "		How related to deceased Mother					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Softening of Brain	How long	2 years
Immediate	Paralysis	How long	6 mo.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. C. West	
Address		Hancock	
Accident or Suicide?		No	



Name  
in  
Full

Mary E. Lamp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

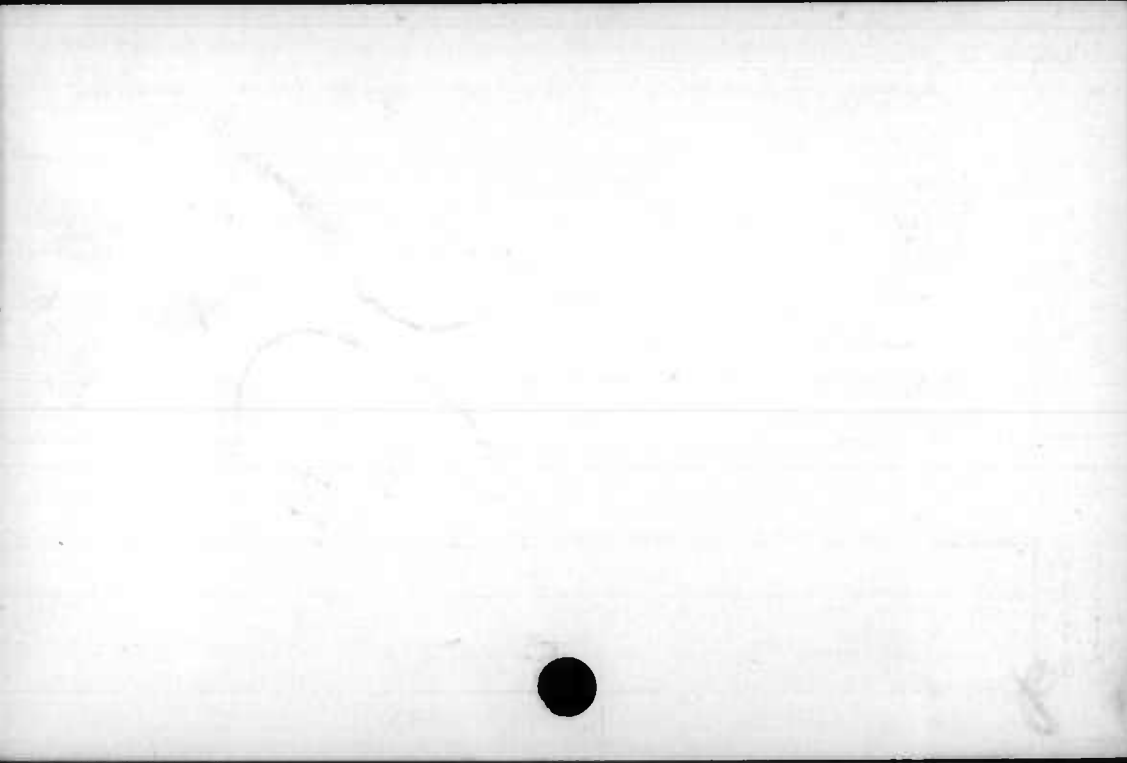
Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	4	Day	5
Age	65	Years	8	Months	12
Sex	Female	Color or Race	white	Birth-place	Va.
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Jamies Lamp</i>		
Father's Name	David Bailey	Father's Birthplace	Va.		
Mother's Maiden Name	Margurite Ross	Mother's Birthplace	Va.		
Name of person giving information	Fannie R. Rice	How related to deceased	Daughter		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>acute Indigestion</i>	How long	<i>few hours</i>
Immediate	<i>Heart. Chronic Endocarditis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>V. C. Duellen Jr.</i>
		Address	<i>Hagerstown, Md.</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>7</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>Child</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>John Lancaster</i>	Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Anshred</i>	How related to deceased <i>Husband</i>		Name of person giving information <i>John Lancaster</i>		

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary <i>Difficult labor. Persistent occipito-front.</i>	How long <i>2 hours</i>
Immediate <i>Injury to brain</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mary A. Laughlin M.D.</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>-</i>	

Wm J. F. h.



Name  
in  
Full

Ellwood M. Linder

## CERTIFICATE OF DEATH

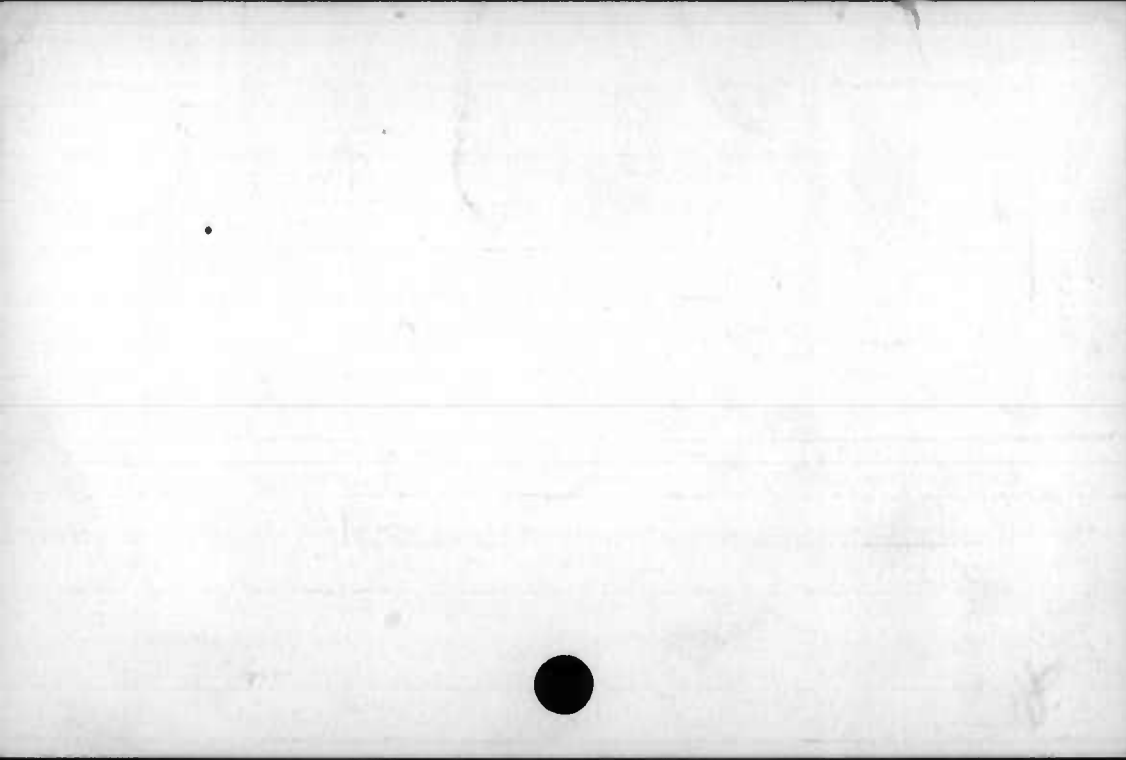
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr.	11	3		3	10
Sex		Color or Race		Birthplace			
male		white		Ind.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
single							
Father's Name				Father's Birthplace			
William Linder				Pa			
Mother's Maiden Name				Mother's Birthplace			
Mary Stevens				"			
Name of person giving information				How related to deceased			
Wm Linder				father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	4 days
Immediate	Heart failure	How long	Half hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Daniel C. Watkins	
		Address	
		Hagerstown Ind	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

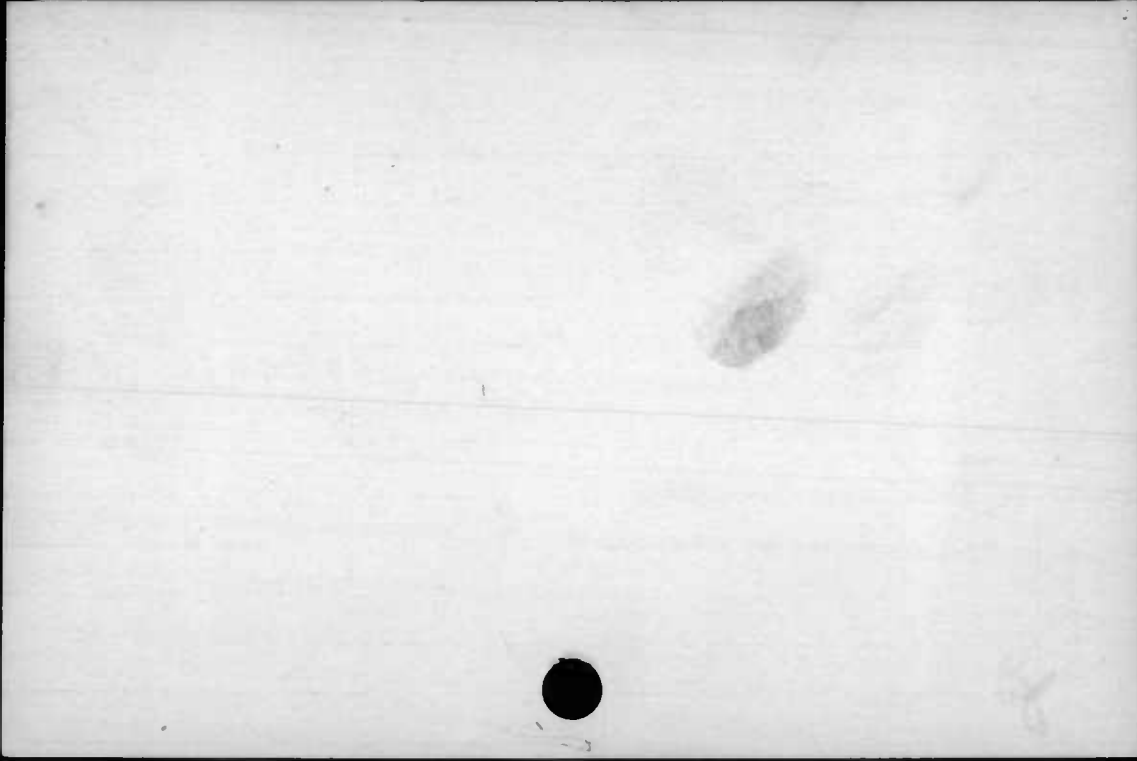
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wm. Post</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 1907	Month 4	Day 24	Age 57	Months 8	Days 28
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Berkley, Va</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Joseph H. Lizer</i>					
Father's Name <i>G. H. Turner</i>				Father's Birthplace <i>W. Va</i>	
Mother's Maiden Name <i>Ann. E. Pools</i>				Mother's Birthplace <i>Berkley, Va</i>	
Name of person giving information <i>J. L. Turner</i>				How related to deceased <i>Brother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fatty degenerated Heart,</i>	<i>79</i> How long <i>four months</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. D. I. Lesher</i>
<i>404</i>	Address <i>Williamsport Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

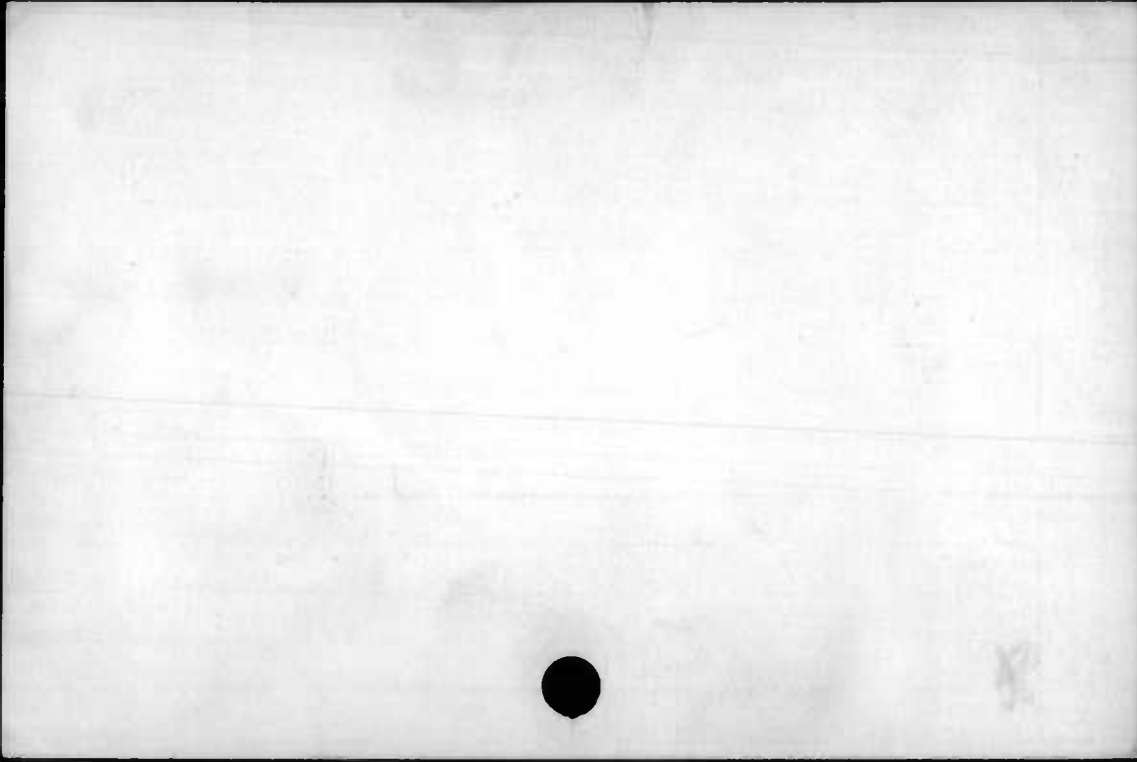
Mrs Emma E. Loudenslager

Died at		Town		County		MARYLAND	
1907		Month	Day	Years	Months	Days	
4		21	39	6	2		
Sex	female	Color or Race	white	Birth-place	Md.		
Occupation	H. W.		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Husband William Loudenslager				
Father's Name	Geo. W. H. Wilson				Father's Birthplace	Pa.	
Mother's Maiden Name	Mauda Shafer				Mother's Birthplace	Md.	
Name of person giving information	Bessie Titlow				How related to deceased	sister.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer	How long	Several years
Immediate	Exhaustion	How long	several months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. H. H.
Accident or Suicide?	no	Address	Neagers town Md



Name  
in  
Full

Margaret Catherine Lowman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

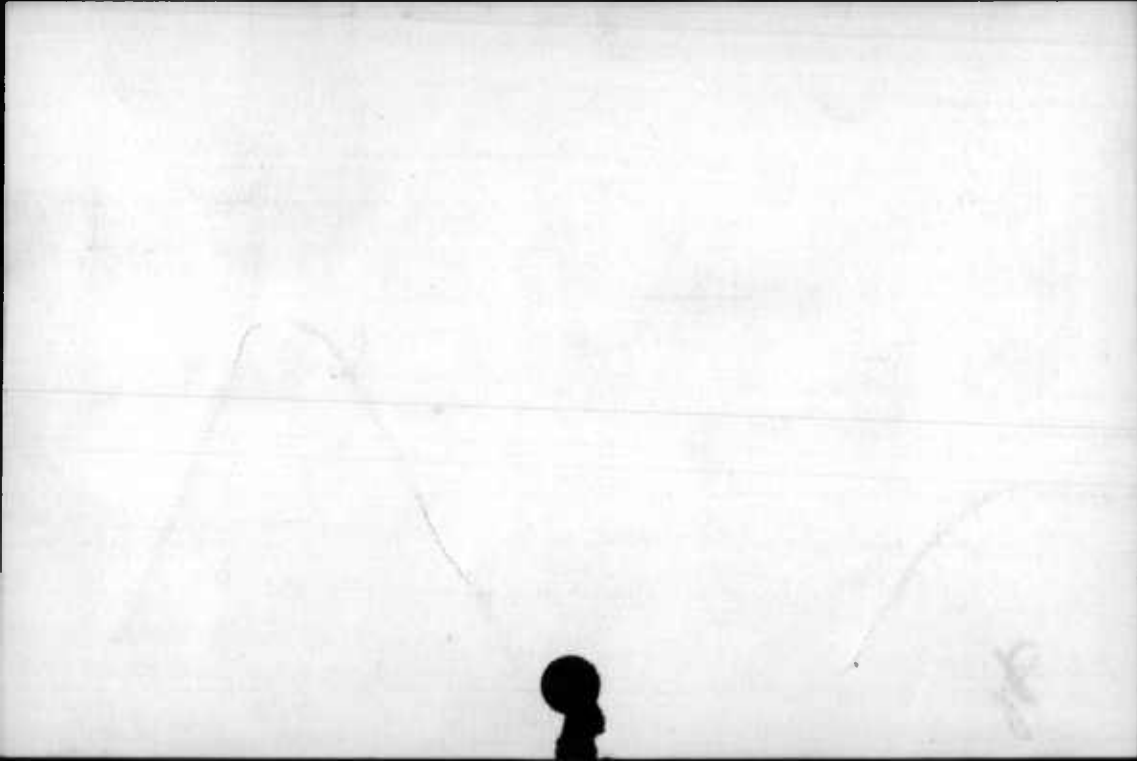
Died at <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Date of death	Month <i>7</i>	Day <i>13</i>	Age <i>4</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Roy C. Lowman</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Elizabeth K. Downin</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Eliz. K. Lowman</i>	How related to deceased <i>mother</i>				

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>couple weeks</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Herman</i>
<i>J</i>	Address <i>Hagerstown Ind.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs Fanny Lyon</i>		Town <i>Hagerstown</i>		County <i>Washi</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>14</i>		Years <i>15-3</i>	
Date of death <i>1907</i>		Months <i>4</i>		Days <i>14</i>		Age <i>15-3</i>	
Sex <i>Female</i>		Color or Race <i>Jewish</i>		Birth-place <i>Russia</i>			
Occupation <i>N. W.</i>		Where Residing if not at place of death <i>N. W.</i>					
Married, Single or Widowed <i>married</i>		Name of <del>Wife</del> or Husband <i>Goodman Lyon</i>					
Father's Name <i>Berg</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Eva</i>		Mother's Birthplace <i>1111</i>					
Name of person giving information <i>Louis Lyon</i>		How related to deceased <i>nephew</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>	179	How long <i>Full died</i>
Immediate <i>Heart Failure</i>		How long <i>Full died</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Peterson</i>	Address <i>Hagerstown Md</i>
<i>J</i> Accident or Suicide?		

Halfway

C. M. Sater & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Edward Kinsy McClinton.

Died at <i>Highfield</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death <i>1904</i>		Month <i>4</i>		Day <i>28</i>		Age <i>26</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penn.</i>			
Occupation <i>R.R. Brakeman</i>		Where Residing if not at place of death <i>Cornellville Pa.</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>William H. McClinton</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Nora Weyant</i>		Mother's Birthplace					
Name of person giving information <i>Ross McClinton</i>		How related to deceased <i>brother</i>					

## CAUSES OF DEATH

(166)

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>R. R. accident</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>Ernest Hoffman</i> Address <i>actual coroner Hagerstown was land</i>
Accident or Suicide? <i>—</i>	

Confluence, Pa.

Name in Full		Abraham Martin						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Hagerstown</i>			County <i>Washington</i>			MARYLAND	
		Date of death <i>1907</i>		Month <i>4</i>	Day <i>13</i>	Age <i>78</i>	Years	Months <i>7</i>	Days <i>17</i>
		Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Lancaster Pa</i>			
		Occupation <i>Retired Farmer</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Barbara Irving</i>					
		Father's Name <i>Abraham Martin</i>				Father's Birthplace <i>Lancaster Pa.</i>			
		Mother's Maiden Name <i>Elizabeth Horst</i>				Mother's Birthplace <i>Lancaster Pa.</i>			
PHYSICIAN OR CORONER		Name of person giving information <i>Henry Bauer</i>				How related to deceased <i>Son-in-law</i>			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Cerebral apoplexy</i>				How long <i>3 days.</i>			
		Immediate <i>agg. -</i>				How long <i>-</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>W. Proctor Miller -</i>			
		Accident or Suicide? <i>yes.</i>				Address <i>Hagerstown, Md.</i>			

Reiff,

Name  
in  
Full

## CERTIFICATE OF DEATH

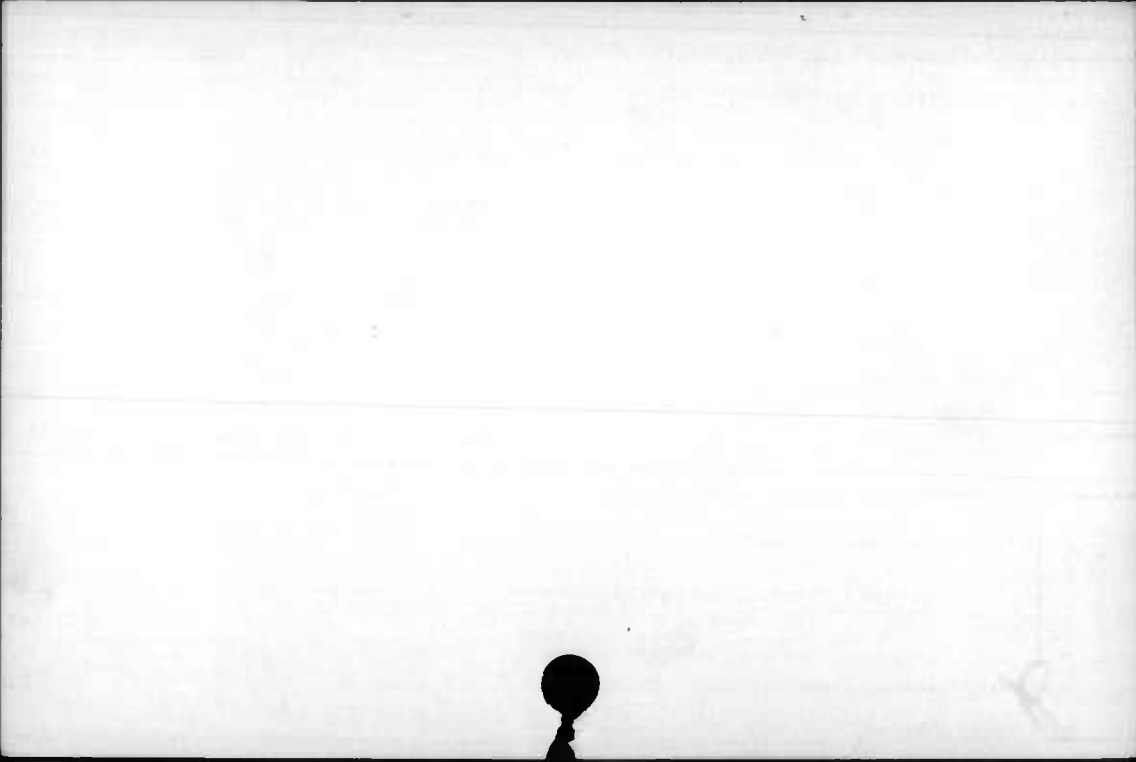
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Gertrude Inez Martz</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>9</i>		Years <i>—</i>	
Date of death <i>1907</i>		Month <i>4</i>		Day <i>9</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>1</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>4</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edgar E Martz</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Clara E Black</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Edgar E Martz</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>Two hours</i>
Immediate <i>Exhaustion</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel G. Watkins</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

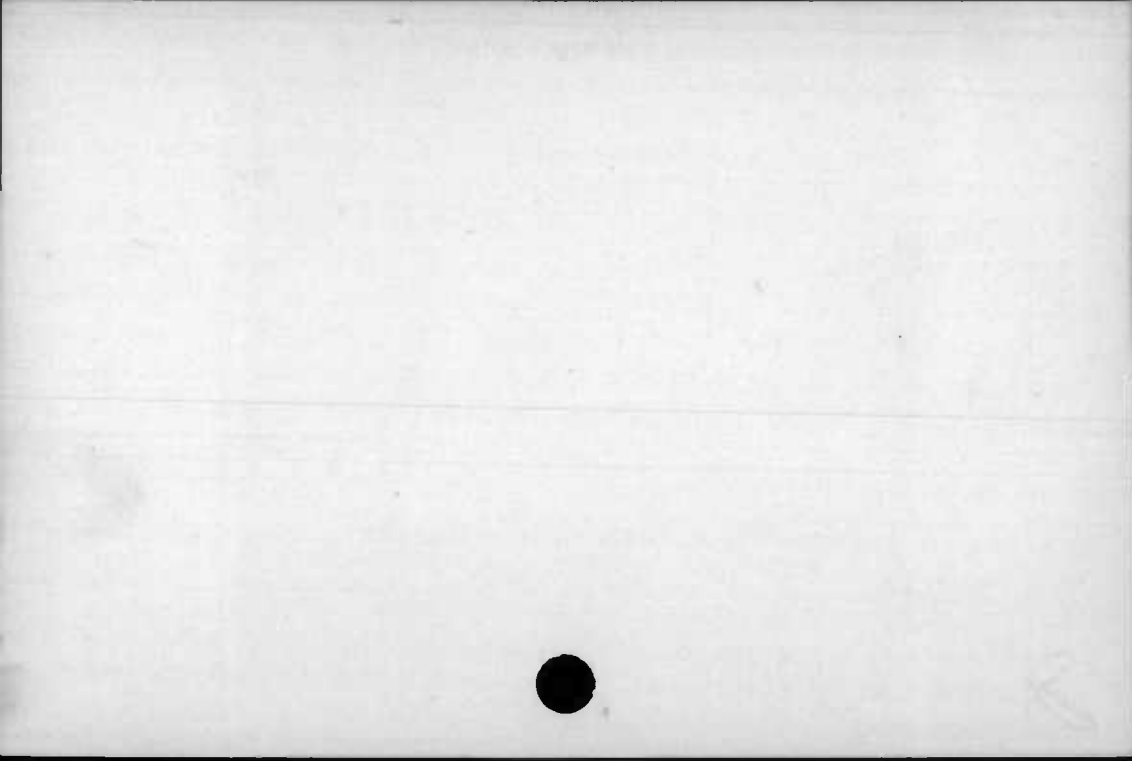
Died at <i>Painplay</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>April</i>	Day	<i>19</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Age	<i>Years</i>
Occupation			Birth-place	<i>above</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Daniel K. Mickley</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>M. Ray Whitlock</i>			Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>D. K. Mickley</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. M. Reichard</i>
		Address	<i>Painplay</i>
Accident or Suicide?			



Name  
in  
Full

Margaret A. Middlekauff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

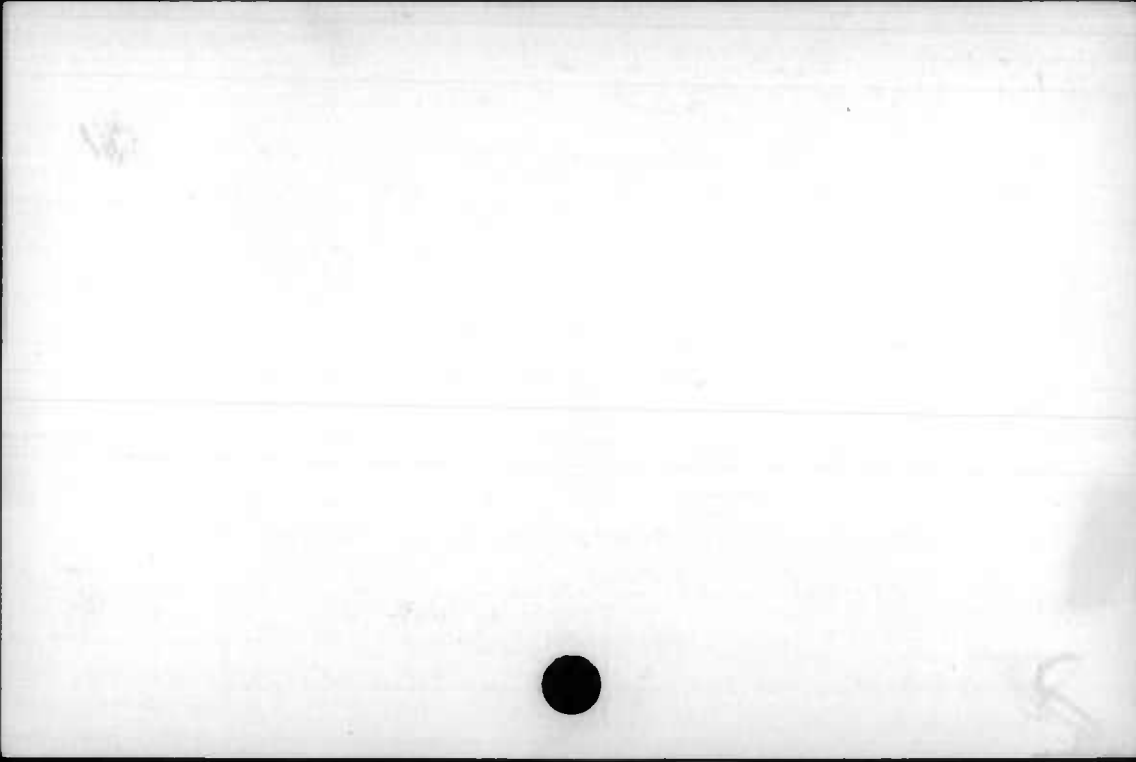
Died at <i>Emp. Moriah</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>4</i>	Day <i>7</i>	Age <i>66</i>	Years <i>8</i> Months <i>1</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Bakersville</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob Middlekauff</i>				
Father's Name <i>Joseph Swartz</i>			Father's Birthplace <i>Near Eagles Mill</i>		
Mother's Maiden Name <i>Miss Blecker</i>			Mother's Birthplace <i>Near Eagles Mill</i>		
Name of person giving information <i>Jacob Middlekauff</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bacterial Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Acute Heart Failure</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V.M. Reichard</i>
	Address <i>Fairplay</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

Ernest Gilbert Mills

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

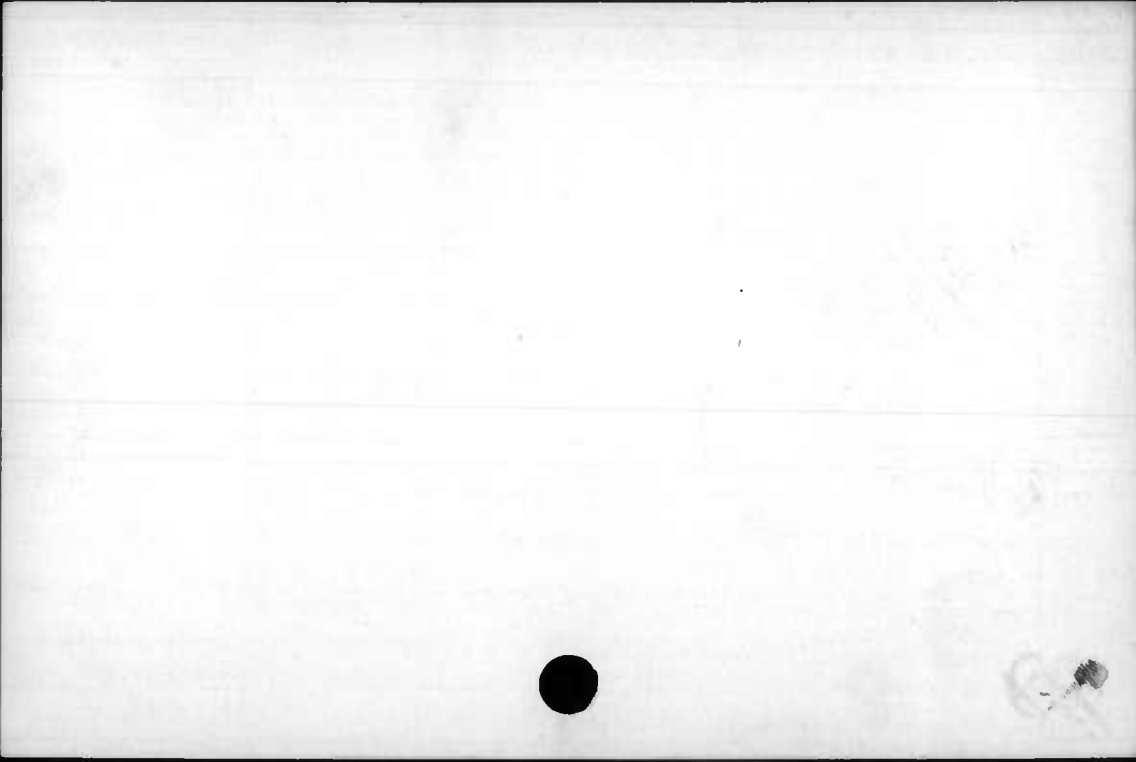
Died at <i>Clear Spring</i> <sup>Town</sup>		<i>Wash</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Mar</i>	Day	<i>8</i>
Age	<i>11</i>		Years	<i>8</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	—		Birth-place	<i>Clear Spring</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed			Name of Wife or Husband		
—			—		
Father's Name			<i>Oscar T. Mills</i>		
Father's Birthplace			<i>Ind</i>		
Mother's Maiden Name			<i>Annie Manning</i>		
Mother's Birthplace			<i>"</i>		
Name of person giving information			<i>Father</i>		
How related to deceased			—		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Heart Failure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		<i>E T Mason</i>	
—		Address	
—		<i>Clear Spring Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
in  
Full

Nathaniel Munn

## CERTIFICATE OF DEATH

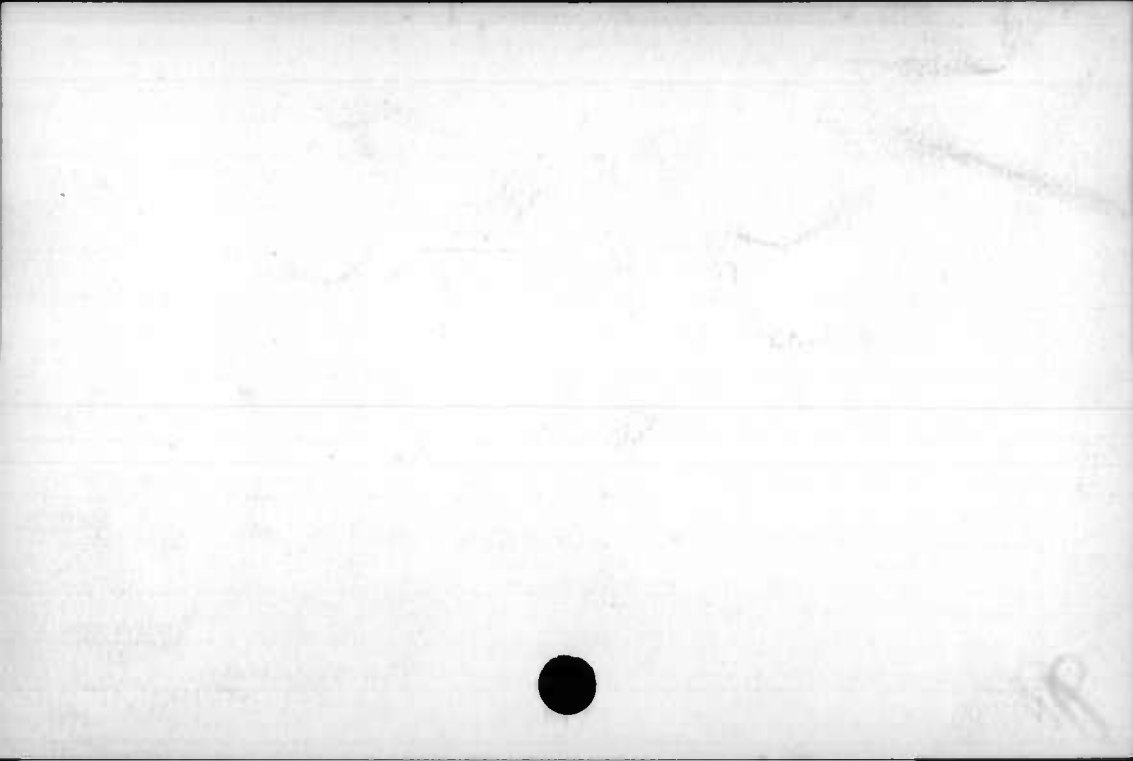
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near moroz		Washington					
Date	Month	Day	Years	Months	Days		
of death 1907	ap.	29	Age 74	3	27		
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Elizabeth Schoesser				
Father's Name	John Munn			Father's Birthplace		md	
Mother's Maiden Name	Mary Snow			Mother's Birthplace		md	
Name of person giving information	Elizabeth Munn			How related to deceased		Wife	

## CAUSES OF DEATH

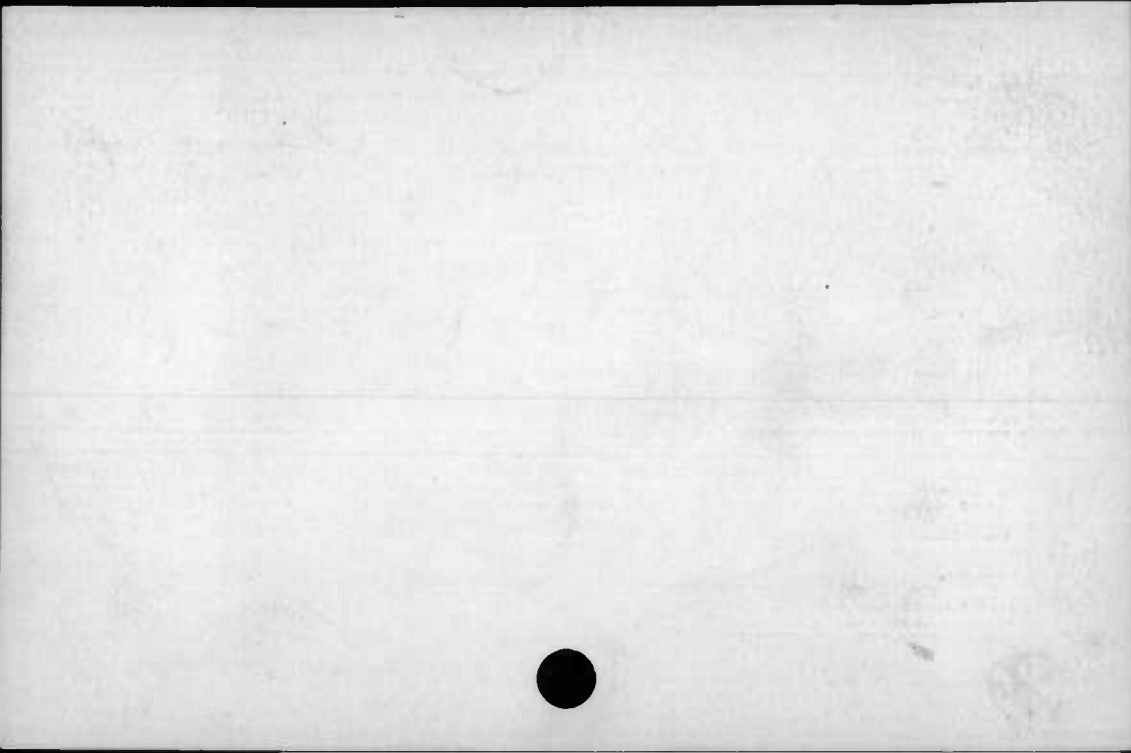
PHYSICIAN  
OR CORONER

Primary	Paralysis - Cerebral Hemiplegia		How long	14 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes -		
Signature of Physician		W. C. Tebecker M.D.		
Address		Boonsboro		
Accident or Suicide?		Washington Co -		





Name in Full		Maud V. Needy				CERTIFICATE OF DEATH	
Died at		Town Boonsboro		County Wash.		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Date of death	1907	Month April	Day 6	Age 26	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if at place of death		Boonsboro	
	Married, Single or Widowed	Married		Name of Wife or Husband		Clarence Needy	
	Father's Name	Jacob Stotler				Father's Birthplace	Wash. Co
	Mother's Maiden Name	Ella McKirk				Mother's Birthplace	" "
	Name of person giving information	Ella Stotler				How related to deceased	Mother
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary</p> <p>Laryngeal Tuberculosis</p> <p>Immediate</p> <p>Exhaustion</p> </div> <div> <p>How long</p> <p>10 weeks</p> <p>How long</p> <p>2 "</p> </div> </div>							
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
						S <sup>r</sup> . S <sup>r</sup> . Davis	
						Boonsboro	
						Md	
		Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George Abram Nichols

Washington Co 3 miles from Harpers Ferry  
Died at R.F. Dist 2 70 Harpers Ferry

County

Washington

MARYLAND

Date

of death 1907

Month

April

Day

7th

Years

Age

42

Months

9

Days

24

Sex

Male

Color or  
Race

White

Birth-  
place

Wash. Co Md

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Catherine Nichols

Father's  
Name

Emanuel Nichols

Father's  
Birthplace

Wash Co Md

Mother's  
Maiden Name

Mahala Brunner

Mother's  
Birthplace

Wash Co Md

Name of person giving  
in formation

William Nichols

How related  
to deceased

Brother.

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Valvular heart disease

How long

Several years

Immediate

Probably thrombosis

How long

Several minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

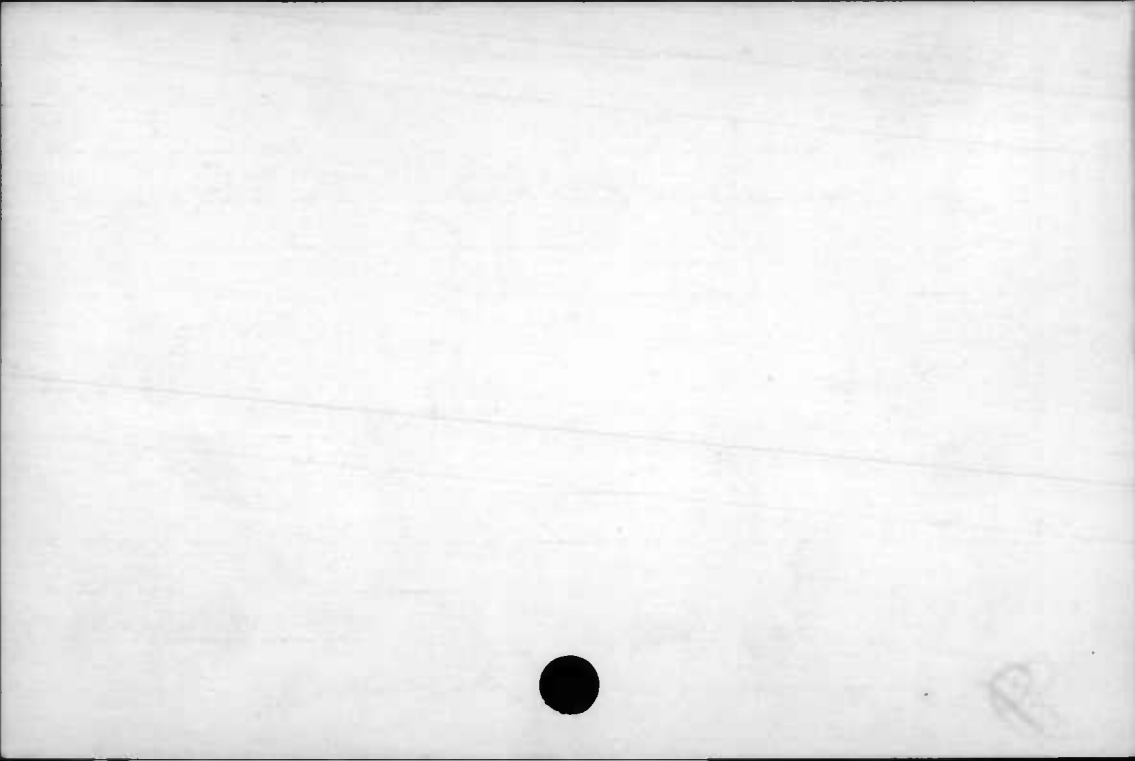
Signature of  
Physician

F. M. Phillips

Address

Harpers Ferry  
Wash. Co.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

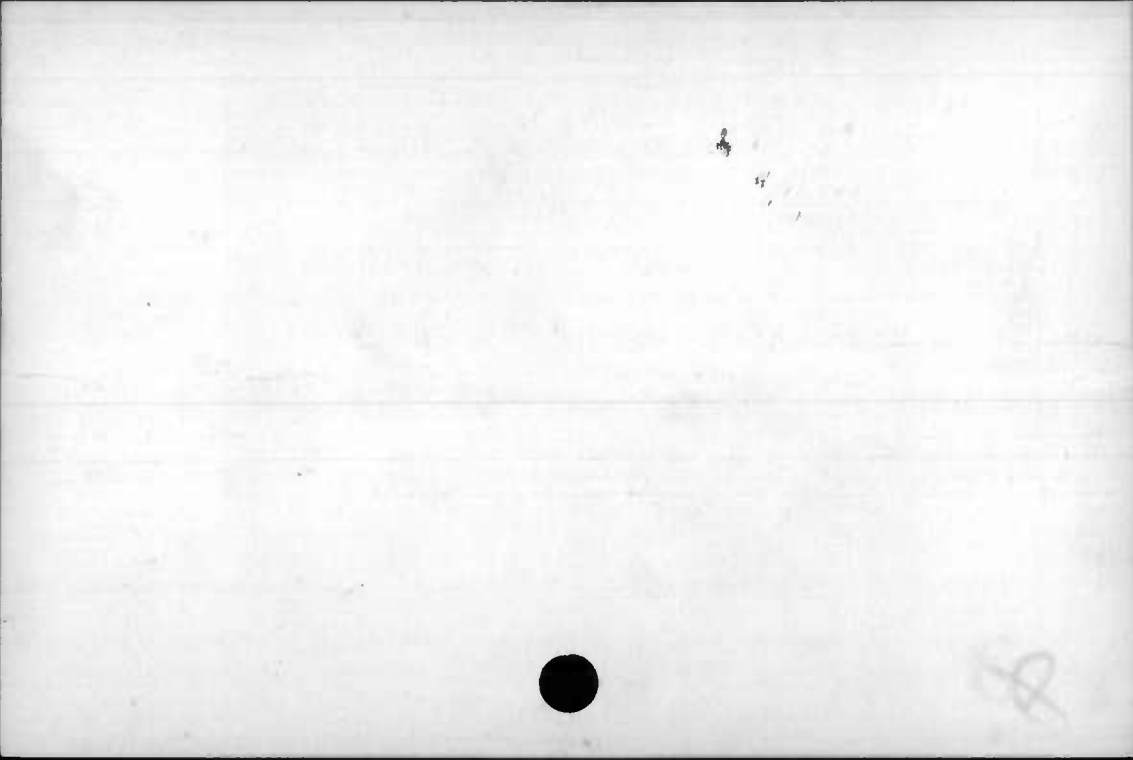
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Kronica Philia Obrist

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownville</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1907	Month 4	Day 4	Age 8	Years 11 Months 15 Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation	<i>~~~~~</i>		Where Residing if not at place of death <i>~~~~~</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>~~~~~</i>		
Father's Name	<i>John R. Obrist</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Annie Hull</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>John R. Obrist</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sepsis</i>	How long	<i>8 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. J. Yountie</i>
<i>8</i>	Address	<i>Brownville Md</i>	
Accident or Suicide?	<i>(over)</i>		

May 3 - 1907

Der Scheller:

I enclose the  
only certificate issued  
me in April -

Yrs

E. A. Brown

1st 8. Sub-Reg

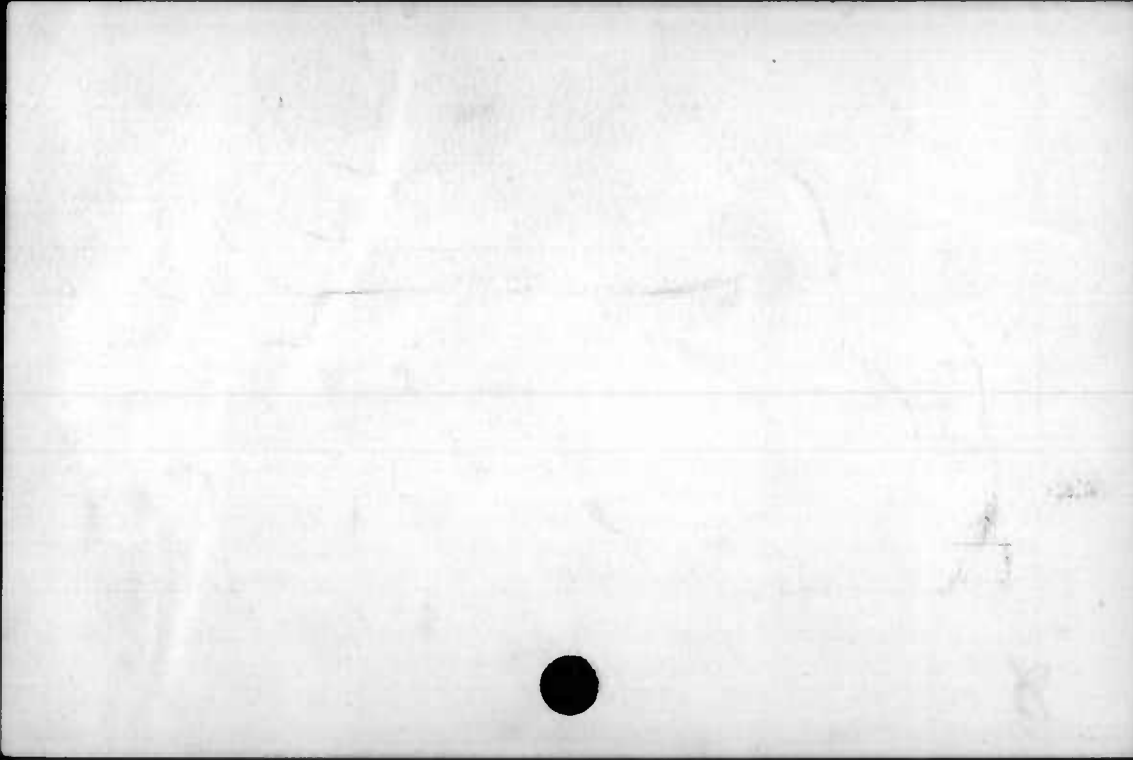


### CERTIFICATE OF DEATH

Died at <i>Wagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>17</i>	Age	Years <i>—</i>	Months <i>6</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>V. Worthington Randall</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Lillian B. Gossard</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>V. W. Randall</i>		How related to deceased <i>Father.</i>			

### CAUSES OF DEATH

Primary	<i>Measles</i>	(6)	How long	<i>1 week</i>
Immediate	<i>Meningitis</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. B. M. M. S. O.</i>	
	<i>No</i>	Address	<i>Hagerstown Md</i>	
Accident or Suicide?				



Name  
in  
Full

Mary Ranger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>24</i>	Age <i>80</i>	Months <i>1</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Widow</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Pinchold Hunter</i>				
Father's Name <i>Joseph Brewer</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mary Hiley</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Mrs. H. Deaper</i>	How related to deceased <i>Niece</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>79</i>	How long <i>—</i>
Immediate <i>Cardiac apoplexy</i>		How long <i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>O. H. Serrman</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>8</i>		

St Paulo,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Reed* Town *Pektonville* County *Wash* MARYLAND

Died at *Pektonville*

Date of death *1907* Month *April* Day *12* Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days *6*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *George Reed* Father's Birthplace *Ind*

Mother's Maiden Name *Ananda Meller* Mother's Birthplace *"*

Name of person giving information *Joe Reed* How related to deceased *Uncle*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Unknown* (71) How long *4 weeks*

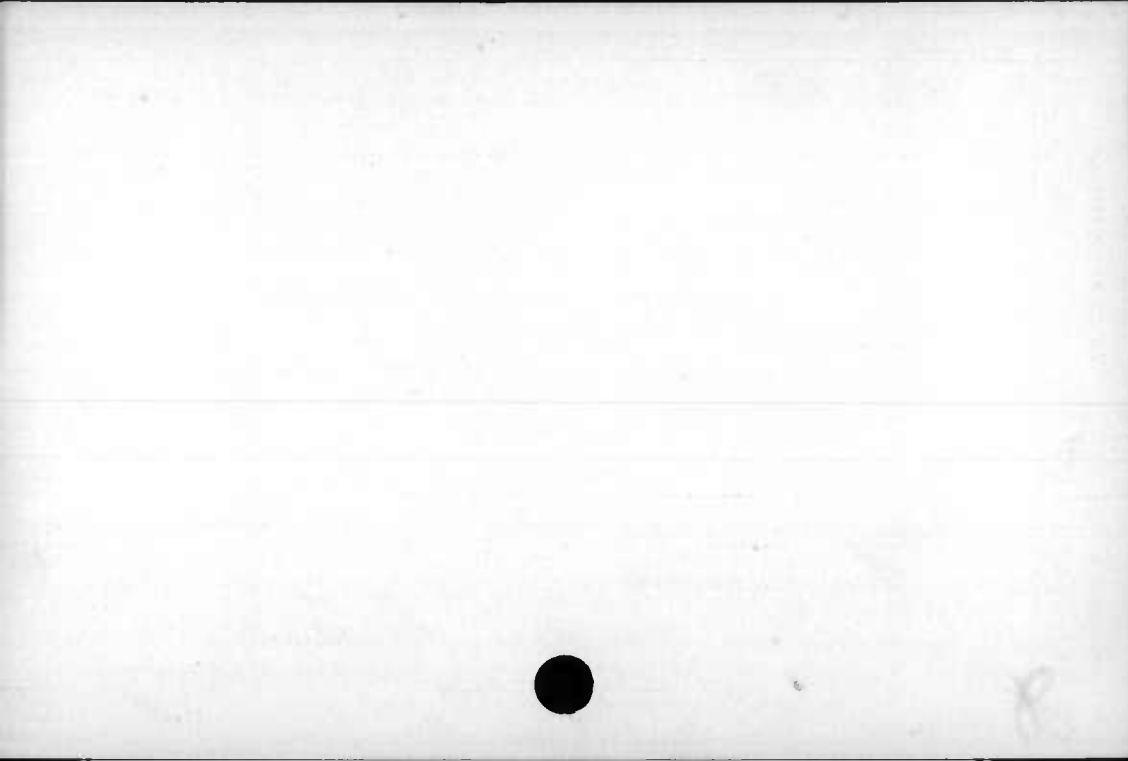
Immediate *Spasms* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *P. E. Stiger M.D.*

Address *Hancock Maryland*

Accident or Suicide? *8*



Name  
in  
Full

## CERTIFICATE OF DEATH

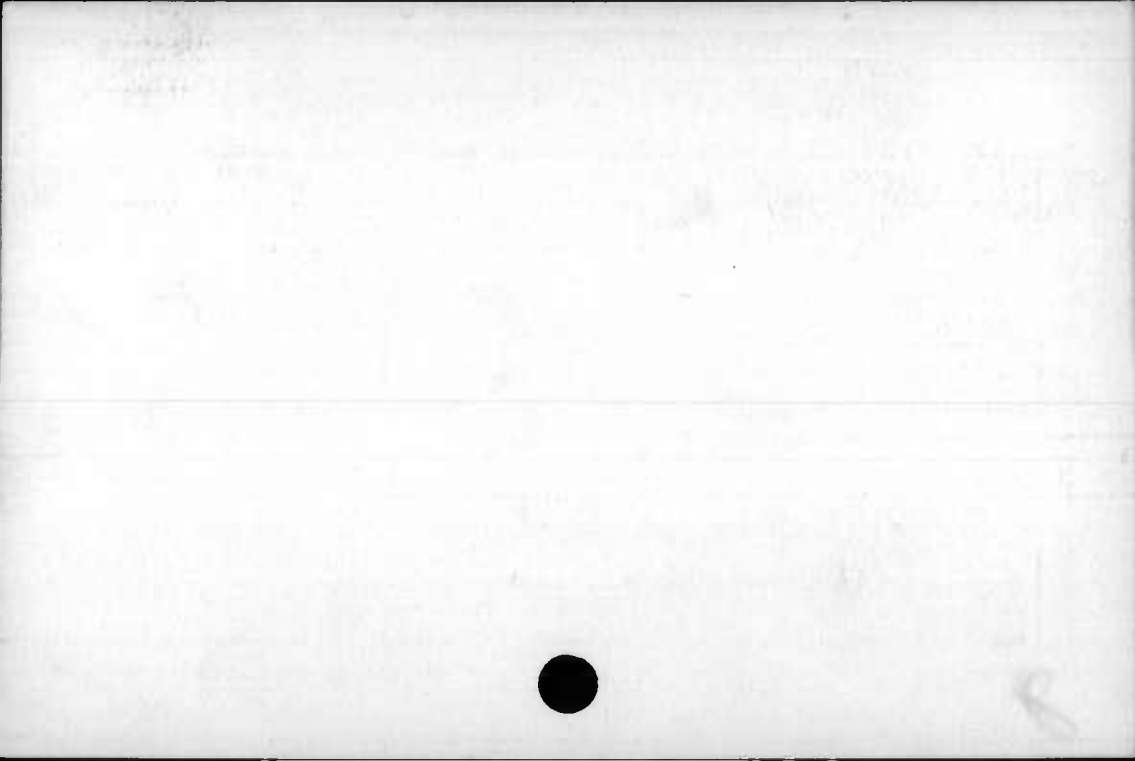
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John Reeder</b>		Town <b>Wicomico</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Wicomico</b>		Month <b>April</b>		Day <b>18</b>		Years <b>60</b>	
Date of death <b>1907</b>		Month <b>April</b>		Day <b>18</b>		Years <b>60</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>Boonsboro</b>					
<del>Married</del> Single or Widowed		Name of Wife or Husband <b>No name</b>					
Father's Name <b>Daniel Reeder</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Cochran</b>		Mother's Birthplace <b>Maryland</b>					
Name of person giving information <b>John Young</b>		How related to deceased <b>Brother-in-law</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Found dead in bed</b>	How long <b>Don't know</b>
Immediate <b>No autopsy</b>	How long <b>" "</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>S. S. Davis</b>
	Address <b>Boonsboro Md</b>
Accident or <del>Self</del>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George William Ritenour* Town *Hagerstown* County *Wash.* **MARYLAND**

Died at *Hagerstown*

Date of death *1907* Month *4* Day *9* Age *—* Years *—* Months *—* Days *6*

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *William J. Ritenour* Father's Birthplace *Pa.*

Mother's Maiden Name *Nettie Lauterbach* Mother's Birthplace *"*

Name of person giving information *W. J. Ritenour* How related to deceased *father*

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary *Heart Foramen Ovale* How long *—*

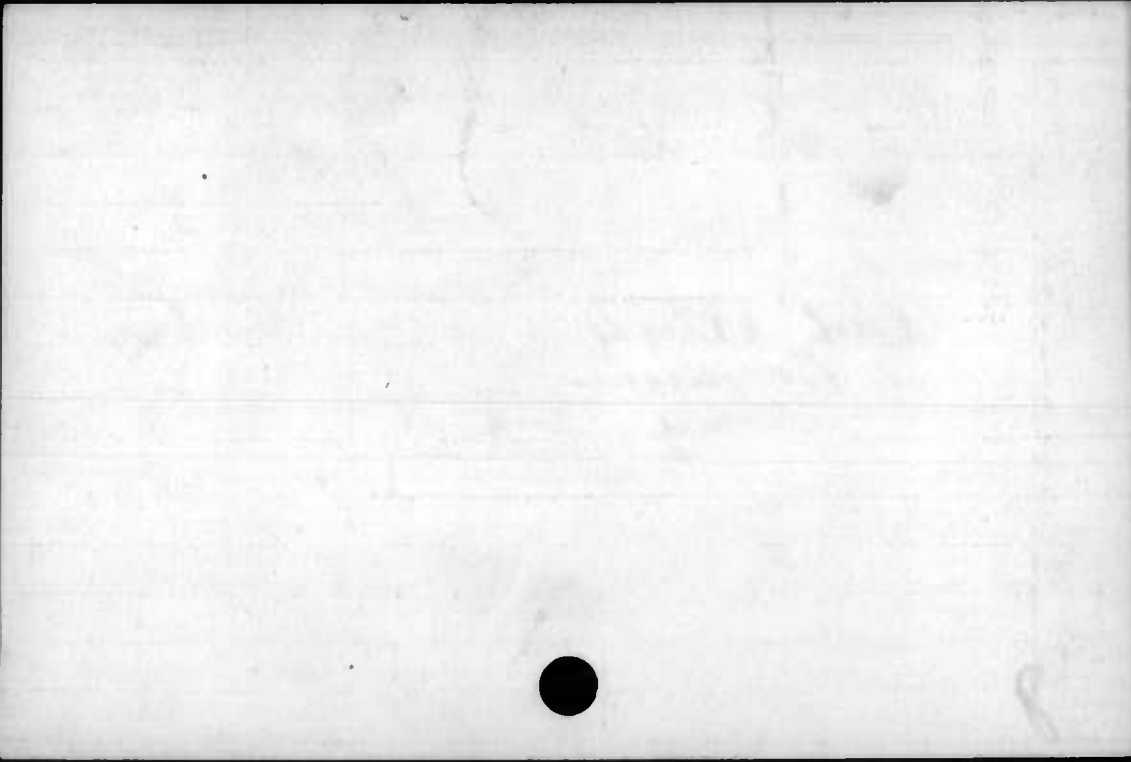
Immediate *asphyxia* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

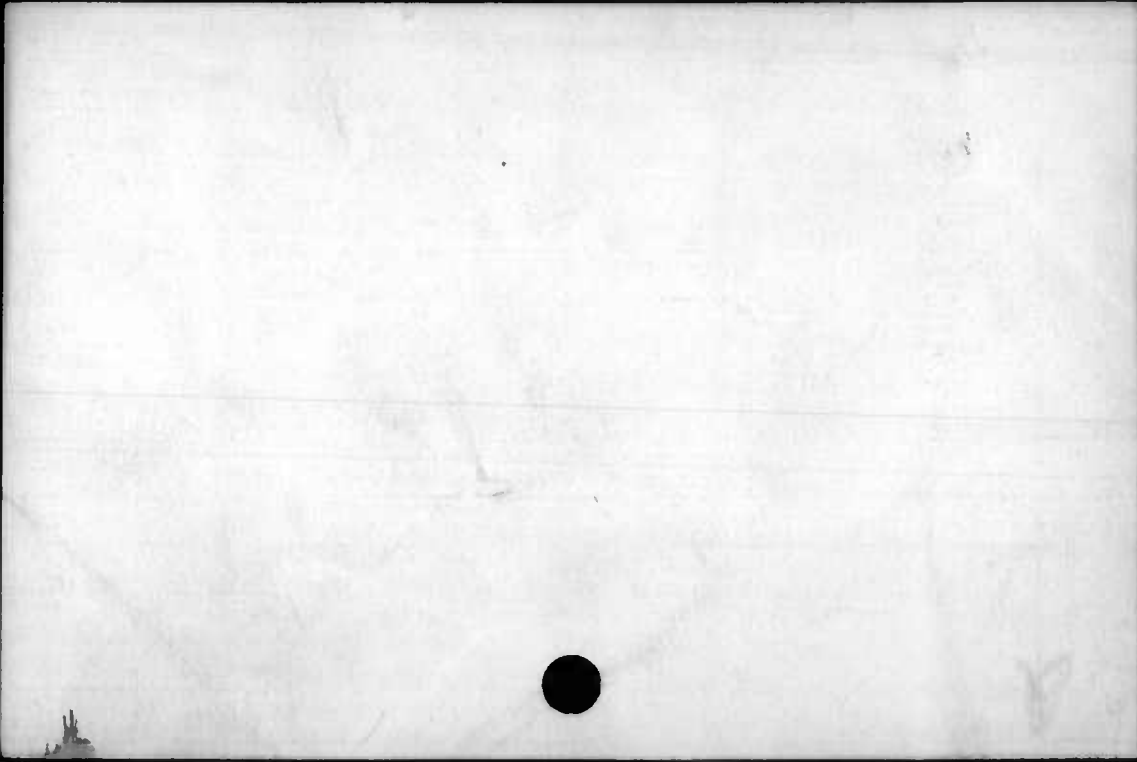
Signature of Physician *W B Morrison*

Address *Hagerstown Ind.*

Accident or Suicide? *no*



Name in Full		Blanche Rockwell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town WilliamSPORT		County Washington		MARYLAND	
	Date of death	1907	Month 4	Day 22	Age 30	Months 4	Days 5
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House wife		Where Residing if not at place of death			
	Married, <del>single</del> or <del>widowed</del>	Married		Name of Wife or Husband	Thomas A. Rockwell		
	Father's Name	Robert Rhoads		Father's Birthplace	Penn.		
	Mother's Maiden Name	Bowmaster		Mother's Birthplace	Penn.		
Name of person giving information	Thomas Rockwell		How related to deceased	Husband.			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Organic Heart lesion				How long	Two years.
	Immediate	Edema of Lungs.				How long	Five hours.
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		Ernest V. Leatherstock
					Address		WilliamSPORT Md.
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Frederick Runnissell*

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> *MARYLAND*

Date of death | 90 *7* Month *4* Day *26* Age *30* Years Months *1* Days *4*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Labrer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Minnie Runnissell*

Father's Name *William* Father's Birthplace *Pa*

Mother's Maiden Name *Catharine Shear* Mother's Birthplace *Pa*

Name of person giving information *Minnie Runnissell* How related to deceased *Wife*

## CAUSES OF DEATH

(56)

PHYSICIAN  
OR CORONER

Primary *overwhelmed with alcohol* How long *Suddenly*

Immediate *alcohol* How long *Suddenly*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. B. Doyle M.D.*

Address *Hagerstown Md*

Accident or Suicide? *—*

Giffman  
Broadway

Name  
in  
Full

Payl. Valentine Shank.

## CERTIFICATE OF DEATH

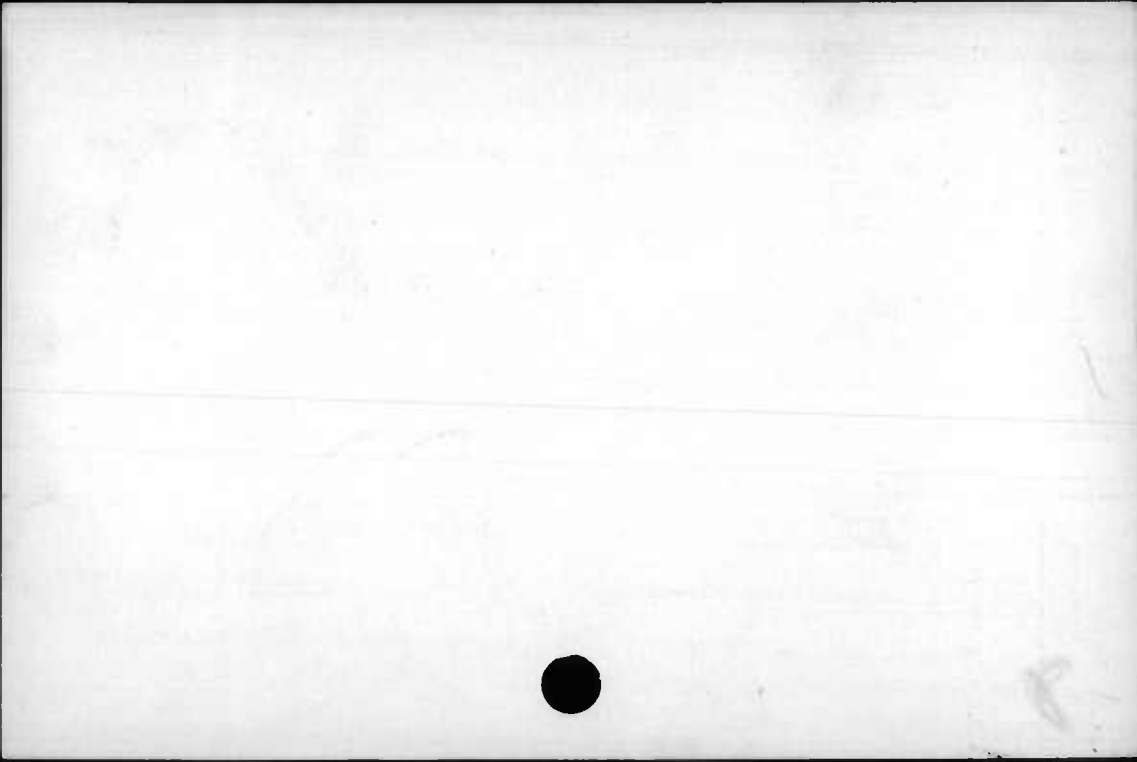
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smithsburg</i>		Town		<i>Wash.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>4</i>		Day <i>27</i>		Age <i>1</i>		Years <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kenova W. V.</i>		Months <i>5</i>		Days <i>10</i>	
Occupation				Where Residing if not at place of death <i>Smithsburg Md</i>					
Married, Single or Widowed				Name of Wife or Husband <i>none</i>					
Father's Name <i>James Shank</i>				Father's Birthplace <i>Smithsburg</i>					
Mother's Maiden Name <i>Lillian West</i>				Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Lillian Shank</i>				How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>		(6)		How long <i>Several days</i>	
Immediate <i>Catarhal Group</i>				How long <i>12 1/2 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. P. Prohman</i>			
<i>Yes</i>		Address <i>Smithsburg</i>			
Accident or Suicide?		<i>Maryland</i>			





Name  
in  
Full

George J. Shifler

## CERTIFICATE OF DEATH

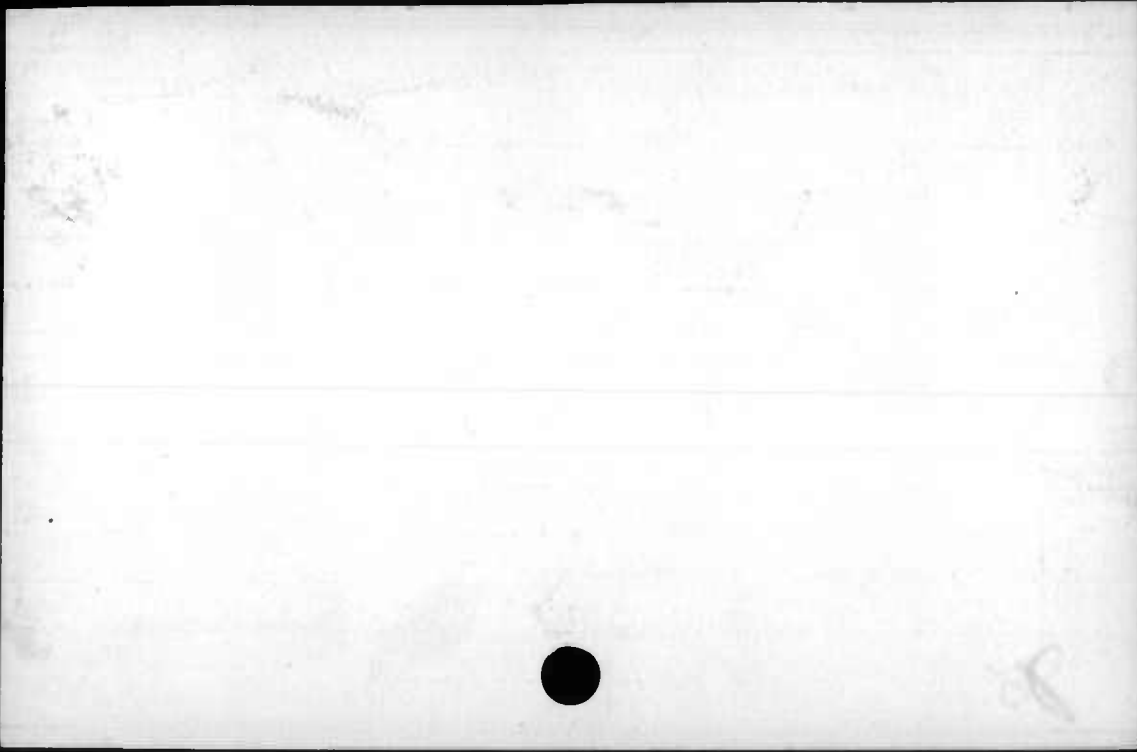
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Locus Grove		County Washington		MARYLAND	
Date of death		Month April		Day 11		Years 72	
Sex male		Color or Race white		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death ✓					
Married, Single or Widowed Married		Name of Wife or Husband Elizabeth Haffer					
Father's Name John Shifer		Father's Birthplace Maryland					
Mother's Maiden Name Susan Thomas		Mother's Birthplace Maryland					
Name of person giving information Elizabeth Shifer		How related to deceased Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diabetes	How long Several years
Immediate	Cardiac	How long Several weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. D. Baker M.D.
		Address Rohrersville Maryland
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

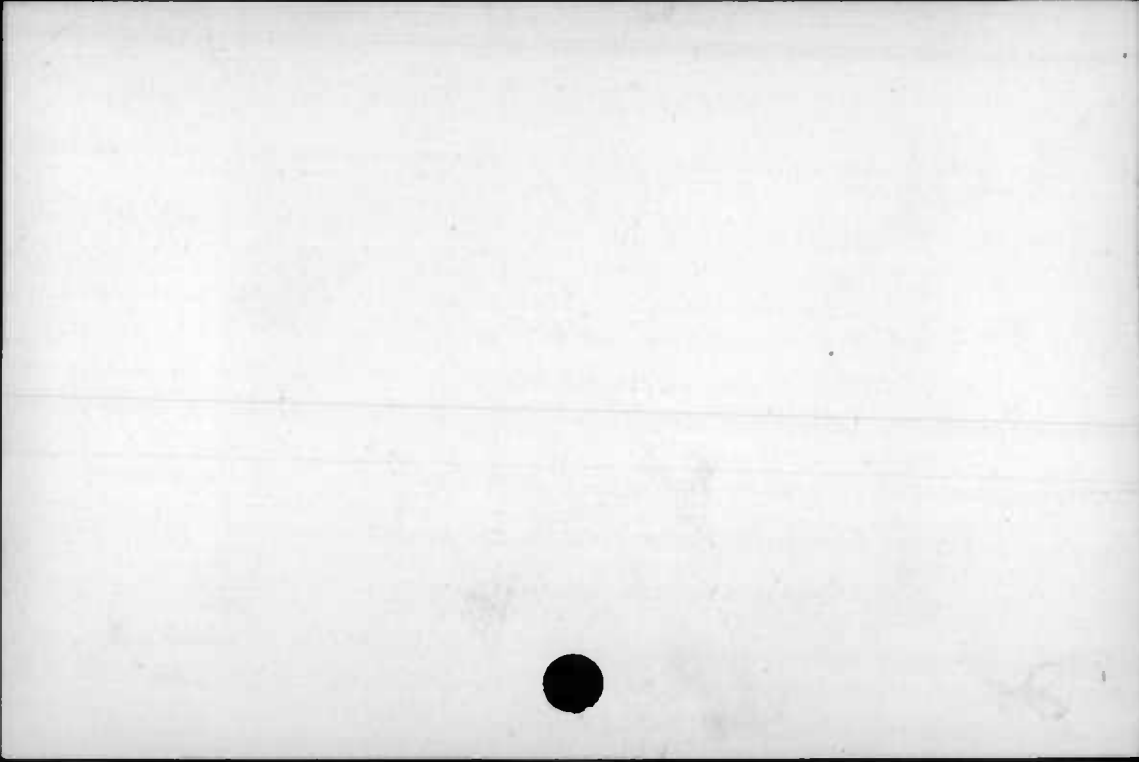
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montz</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Montz</i>				
Occupation <i>—</i>	Where Residing if not at place of death <i>Montz</i>						
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Frank M Shink</i>	Father's Birthplace <i>Indare Springs Md</i>						
Mother's Maiden Name <i>Agnes Reigler</i>	Mother's Birthplace <i>Ragerville</i>						
Name of person giving information <i>Father</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>179</i>	How long <i>one day</i>
Immediate <i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Sub Registrar</i>	
<i>8</i>	Address <i>J H Ferguson</i>	
Accident or Suicide?	<i>Smithsburg Md</i>	



Name

in  
Full

Oliver B. Simmison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Wash.</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>14</i>	Day	<i>8</i>	Age	<i>30</i>	Months	<i>6</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>					
Occupation <i>Firman</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ross Simmison</i>							
Father's Name <i>Geary Simmison</i>		Father's Birthplace <i>Penn.</i>							
Mother's Maiden Name <i>Mary Wallburton</i>		Mother's Birthplace <i>"</i>							
Name of person giving information <i>Geary Simmison</i>		How related to deceased <i>brother</i>							

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>By accident</i>	How long	
Immediate	<i>Run over by belt &amp; fly wheel</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Elias B. Hartle</i>	
		Address <i>Acting Coroner</i>	
Accident or Suicide? <i>Accident</i>			

Barnstable

Name in Full		Lula M. Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Boonsboro		Washington		MARYLAND	
	Date of death	1907	April	15	Age	22	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Married		Name of Wife or Husband		Charles Smith	
	Father's Name	Otho J. Steyer		Father's Birthplace		Maryland	
	Mother's Maiden Name	Mary Smith		Mother's Birthplace		Maryland	
Name of person giving information	Charles Steyer		How related to deceased		Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Phthisis Pulmonalis				How long	6 mos.
	Immediate	Exhaustion				How long	2 mos.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				S. S. Davis			
				Boonsboro			
				Md			
Accident or Suicide?							





Name  
in  
Full

Catharine Spangler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

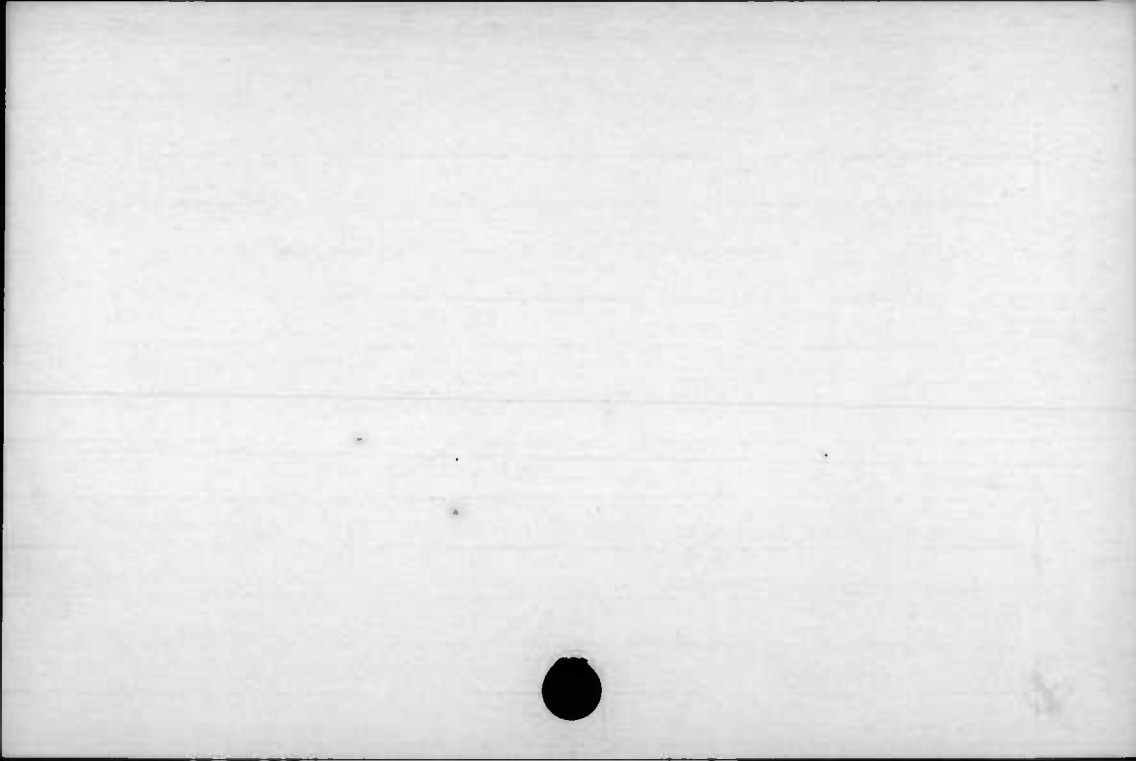
Died at <i>Williamsport</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 1907	Month <i>April</i>	Day <i>19th</i>	Years <i>78</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Old Town, Md.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband <i>George H. Spangler</i>					
Father's Name <i>David Koontz</i>			Father's Birthplace <i>Lancaster Pa.</i>		
Mother's Maiden Name <i>Not obtainable</i>			Mother's Birthplace <i>Not obtainable</i>		
Name of person giving In formation <i>Mrs H. F. Spangler</i>			How related to deceased <i>Daughter in law</i>		

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>Four years</i>
Immediate <i>Apoplexy</i>	How long <i>Five minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Eneet H. Guther MD</i>
	Address <i>Williamsport Md.</i>
Accident or Suicide?	



Name  
in  
Full

Edith E. Spickler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

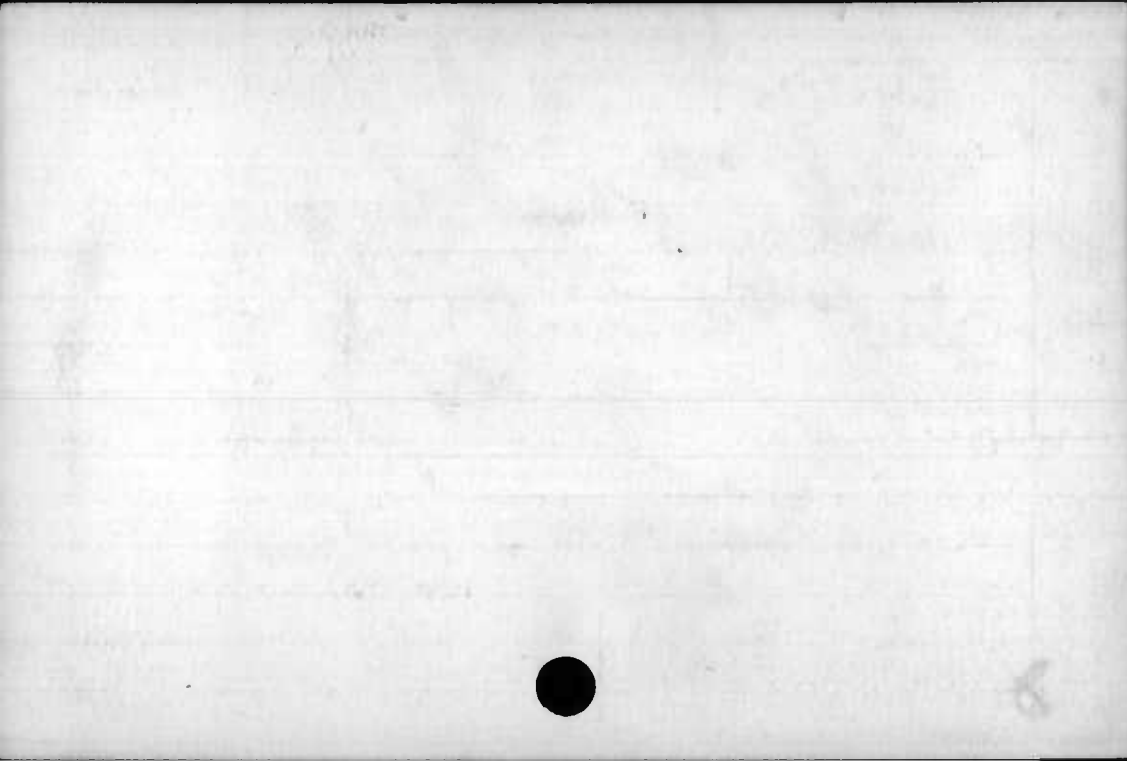
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		6	27	27	—	2	6
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Charles E. Spickler				Md			
Mother's Maiden Name				Mother's Birthplace			
Ada M. Marteney				Md			
Name of person giving information				How related to deceased			
				Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	acute indigestion	How long	Few days
Immediate	Indigestion	How long	Few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. B. Doyle M.D.	
		Address	
		Hagerstown Md.	
Accident or Suicide?			

104



Name  
in  
Full

Catharine Sprecher

## CERTIFICATE OF DEATH

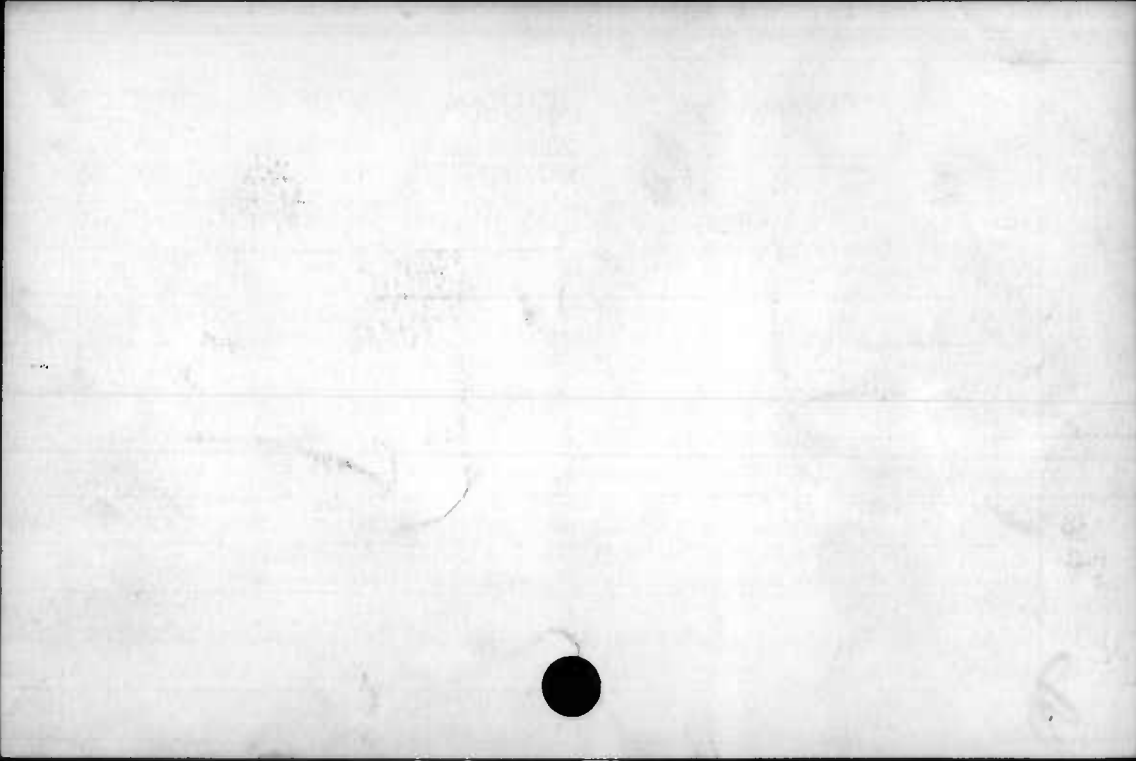
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hyattsville</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND		
Date of death	<i>1907</i> <small>Year</small>	<i>4</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>57</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>MD</i>	
Occupation	<i>House work</i>		Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			<i>John Sprecher</i>
Father's Name	<i>Joseph Genter</i>			Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Paula</i>			Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>John Sprecher</i>			How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	<i>(27)</i>	How long	<i>2 or 3 years</i>	
Immediate	<i>..</i>		How long	<i>6 mo</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician		<i>Victor D. Miller Jr</i>
			Address		<i>Hyattsville</i>
Accident or Suicide?		<i>—</i>			



Name  
in  
Full

Robert Steele

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

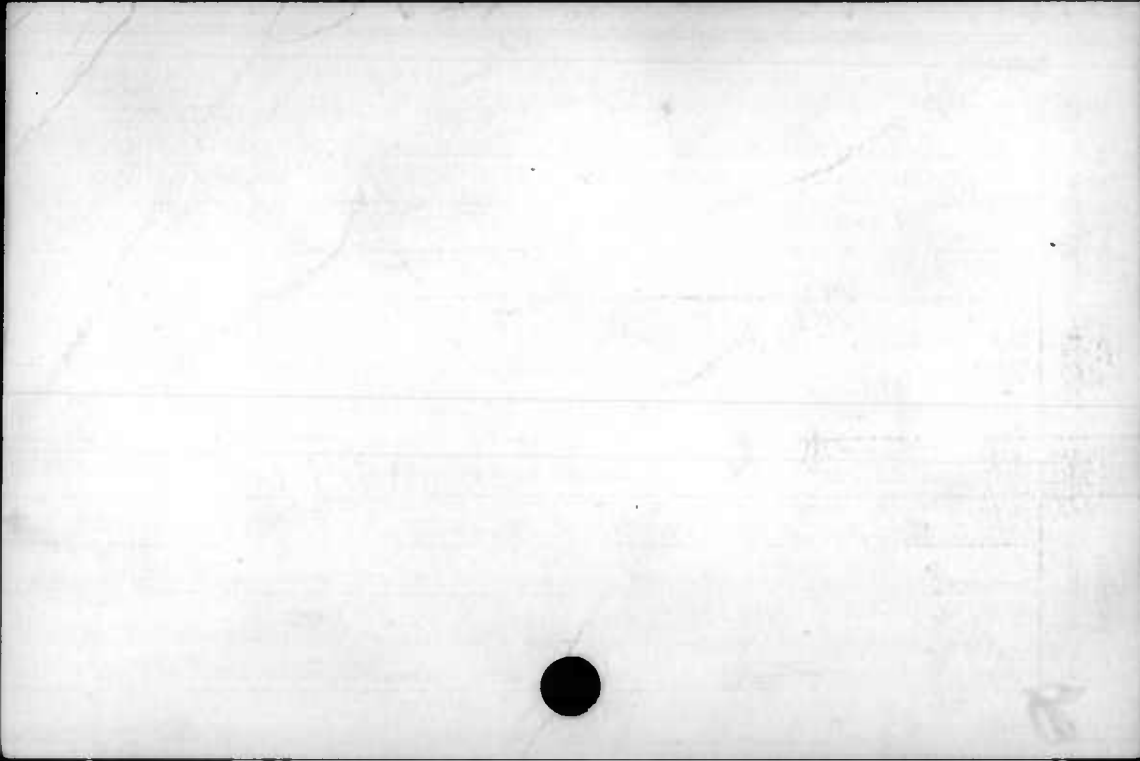
Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	8	Day	3
Age	44	Years		Months	
Sex	Male	Color or Race	White	Birth-place	<i>Pa</i>
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	<i>Maria Steele</i>		
Father's Name	<i>Not Known</i>	Father's Birthplace	<i>Pa</i>		
Mother's Maiden Name	<i>Not Known</i>	Mother's Birthplace	<i>Pa</i>		
Name of person giving information	<i>W. H. H. Baker</i>			How related to deceased	<i>Brother-in-law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of heart ? diagnosed from former attendance</i>	How long	
Immediate	<i>Pulmonary Oedema</i>	How long	<i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. B. Morrison</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>No</i>		

79





Name  
in  
Full

Harriett Stine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>7</u>	Month <u>4</u>	Day <u>9</u>	Age <u>50</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>md</u>
Occupation	<u>House work</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>George B Stine</u>			
Father's Name	<u>John Clapper</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Mary Haynes</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>George B Stine</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Asthma + Mitral Insufficiency</u>	How long	<u>Twenty yrs</u>
Immediate	<u>Dropsy</u>	How long	<u>Three months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. E. Pitman</u>	
		Address <u>Hagerstown</u>	
Accident or Suicide?		<u>md</u>	

Rohrsville

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		4	24	58	8	—	—
Sex	Female	Color or Race	Colored	Birth-place	Md		
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Oliver Thomas							
Father's Name	James Henschel			Father's Birthplace	Va		
Mother's Maiden Name	Sous Kuper			Mother's Birthplace	D Know		
Name of person giving information	Carrie Thomas			How related to deceased	Daughter		

## CAUSES OF DEATH

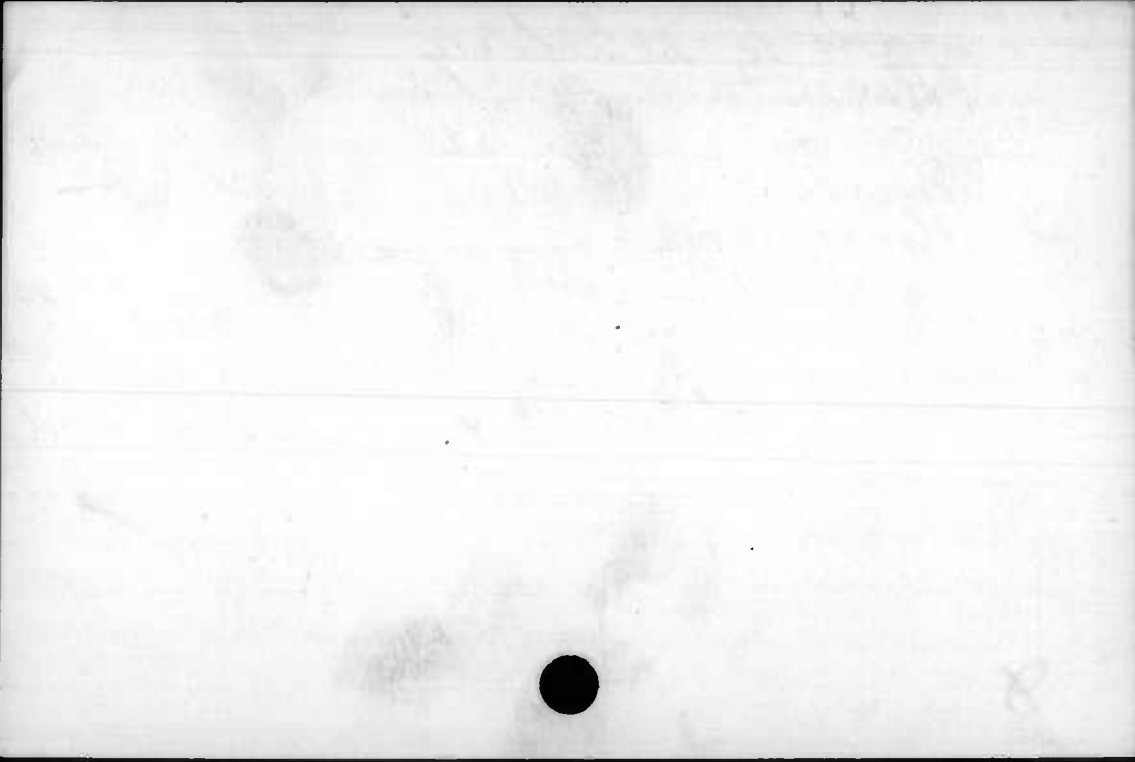
120

PHYSICIAN  
OR CORONER

Primary	Chronic Parenchymatous Nephritis	How long	2 mos
Immediate	Cardiac Failure	How long	1 WEEK
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. M. Day	
Address		Hagerstown, Md	
Accident or Suicide?		No.	

Copied  
Halfway

Name in Full		Town				County		CERTIFICATE OF DEATH			
Wm Thomas		Trago				Washington		State of MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days		
1907		4		18	76	11	21				
Sex		Male		Color or Race		White		Birth-place		Scotland <del>Ind</del>	
Occupation		Labourer				Where Residing if not at place of death		Trago			
Married, Single or Widowed		Widowed				Name of Wife or Husband		Annia Thomas			
Father's Name		Don't Know				Father's Birthplace		Ohio			
Mother's Maiden Name		Don't Know				Mother's Birthplace		Ohio			
Name of person giving information		Irvin Thomas				How related to deceased		Son			
CAUSES OF DEATH											
TO BE ANSWERED BY NEAREST FRIEND		Primary				Do not know		How long		—	
		Immediate				Cancer of face		How long		10 years	
		Are the name, age, sex, color, date and place correctly given above?				Yes					
PHYSICIAN OR CORONER		Signature of Physician				H. H. Nihilis		Address			
		Address				Keedysville Md					
		Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>4</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	<i>32</i> <sup>Years</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Ind</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>House work</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Whiting</i>		
Father's Name <i>John Leckie</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Joseph Whiting</i>	How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Liver</i>	How long <i>Six months</i>
Immediate <i>Apnoca</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Clara S. Eirley</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	

Leffman

Middleton Md



Name

in  
Full

## CERTIFICATE OF DEATH

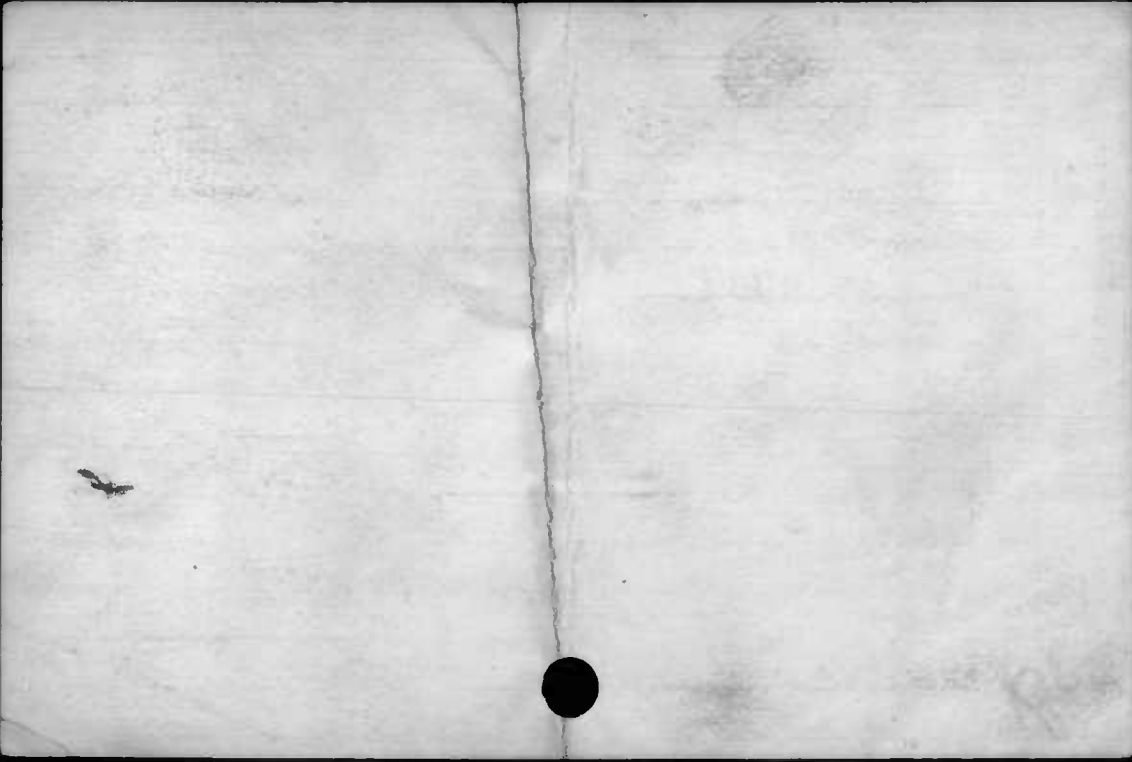
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellevue</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>apr</i> <sup>Day</sup> <i>10</i> <sup>Years</sup> <i>80</i>		Months		Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Williams</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>unknowen</i>				
Mother's Maiden Name <i>unknowen</i>	Mother's Birthplace <i>"</i>				
Name of person giving information		How related to deceased <i>"</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	<i>(154)</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>MB Morrison</i>	Address <i>Hagerstown Md.</i>
<i>No</i>		
Accident or Suicide? <i>No</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

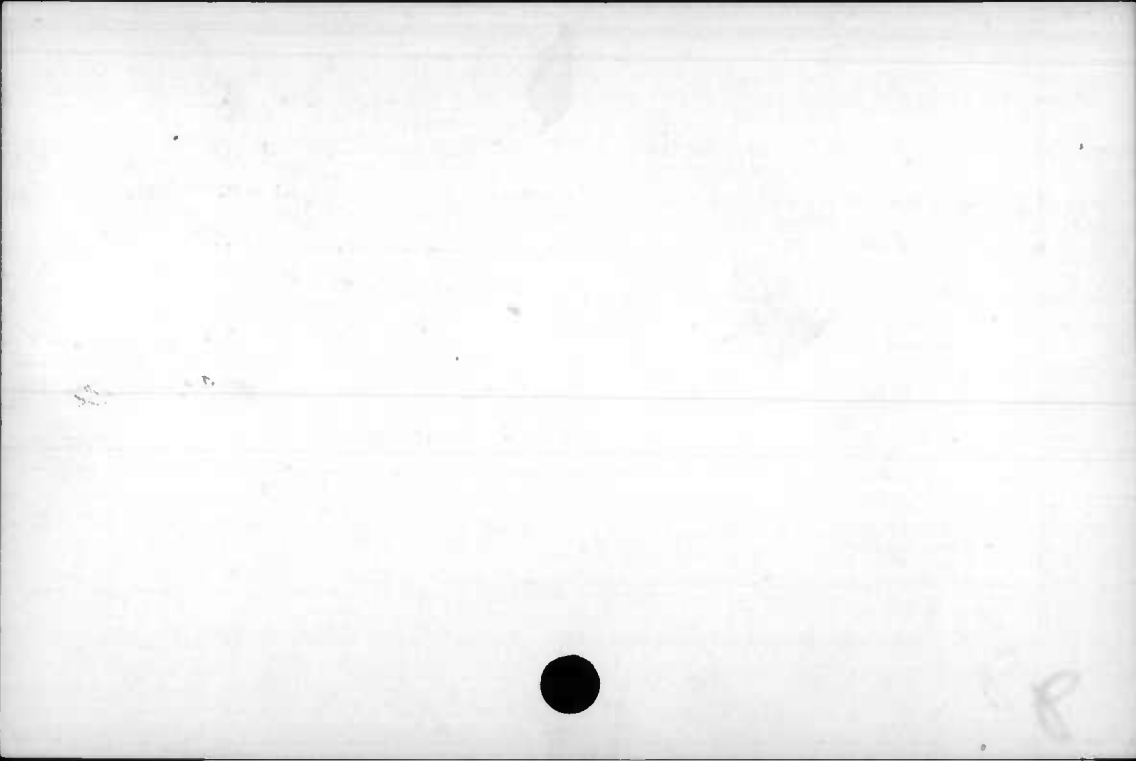
Died at <i>Epitombing</i> Town		County <i>Harrison</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>10</i>	Age <i>50</i>	Months <i>6</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Epitombing Md</i>			
Occupation <i>Nursing</i>	Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>George Wise</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Leathman Fugley</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Sarah Elizabeth Avery</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>nine days</i>
Immediate <i>(Empyemia) Cardiac Exhaustion</i>	How long <i>Forty Eight hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T. Robt W. Wilson</i>
<i>Yes</i>	Address <i>Sutersburg, Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Wash.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Wyoming</i>			
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>Garfield, Md.</i>				
Married, Single or Widowed <i>married</i>	Name of <del>Wife or</del> Husband <i>James Wolf</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Pied. Co. Md.</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>Pied. Co. Md.</i>				
Name of person giving information <i>Geo B. Hoover</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <i>Strangulated umbilical Hernia</i>	How long <i>5 days.</i>
Immediate <i>shock - - heart weakness</i>	How long <i>.. ..</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor Mueller, Jr.</i>
<i>8</i>	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>no</i>	

Lowthburg.